

Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5,3773,575	108		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclare	ed shipment with no release
		(1) received structure	ral damage to the lad	or greater containing any ha ding retention system or dam system and (2) did not have	nage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supplem	nental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	FORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (us	se 24-hour time): <u>09:53</u>	
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>NA</u>		
6. If you submitted a r	eport to another Fede	eral DOT agency, ente	er the agency and	report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	de (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile <u>154.97</u>	38	**
8. Mode of Transporta	tion 🔲	Air	☐ Highway	Rail	☐ Water
9. Transportation Phas	se 🛛	In Transit	Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	500000 10000	State 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	151-175 AN
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nur	nber <u>281683</u>	Ha	azmat Registration Numb	er <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping P	aper <u>8559-01-07-18.</u>	51.08.972022 Ha	azmat Registration Numb	er <u>Unavailable</u>
12. Origin	Street Same as sh	nipper			
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
ALTO STATE PARTY STATE OF THE S				State TX	ZIP Code 76106
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	5,3, II	No a dischillation ex	S III - 11 - 57 - 37 - 37 - 37 - 37 - 37 - 37 - 37
15. Technical/Trade Na	me: Ethanol				
16. Hazardous Class/ Division: 3	17. Identi	fication per: <u>1987</u> N2764, NA 2020)	18. Packing Group: (if applic	II	9. Quantity Liquid Released: 14,504 Gallon (Include Measurement Units)
20. Was the material sl	hipped as a hazardous	s waste? Yes	No If yes	s, provide the EPA Manife	est Number:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	No If yes	s, provide the Hazard Zon	e:
22. Was the material sl	hipped under an Exen	nption, Approval, or (Competent Author	ity Certificate?	es 🛛 No
The second of the second of the second of	exemption, Approval,				0480 3 11 0 85574
23. Was this an undecl		STATE OF THE STATE		_ Y	es 🛛 No
E DOTE FOR COR	00041			1 9 - 2 - 2 - 2 - 2 - 2	
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PART III - PACKAGING IN	IFORMATION					
24. Check Packaging Type (check	only one - if more than one	e, list type of packaging,	copy Part III, and comple	ete for each type:		
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor	Vehicle (CTMV)	▼ Tank Car		
☐ Cylinder	RAM	☐ Portable Tank		Other N/A		
25. See instructions and enter the that corresponds to the particular the most important failular the most importa	ılar packaging type checke	d above. Enter the numb	per of codes as appropria	ate to describe the incident.		
1. What Failed: 121	How Faile	d: <u>308</u>	Causes of Failure	512		
2. What Failed:	How Faile	d:	Causes of Failure	»:		
26a. Provide the packaging identif	ication markings, if availab	ole.				
Identification Markings: 117J	100W					
(Examples: 1A1/Y1.4/150/92/USA/	RB/93/RL, UN31H1/Y0493/USA	/M9339/10800/1200, DOT - 1	105A - 100W (RAIL), DOT 40	6 (HIGHWAY), DOT 51, DOT 3-A)		
26b. For Non-bulk, IBC, or non-specomplete the following:	ecification packaging, if ide	entification markings are	incomplete or unavailab	ble, see instructions and		
Single Package or Outer Pack	caging:	Single	e Package or Inner Packa	aging (if any):		
Packaging Type: N/A		Packa	ging Type: N/A	161		
Material of Construction: N/A		Mater	rial of Construction: N/A			
Head Type (Drums only):	Head Type (Drums only): Removable Non - Removable					
27. Describe the package capacity	and the quantity:					
Single Package or Outer Pack	caging:	Single	Package or Inner Packa	aging (if any):		
Package Capacity: 30380	Liquid Gallon					
Amount in Package: 28931	Liquid		150 N N N	£: \$2		
Number in Shipment: 1						
Number Failed: 1						
28. Provide packaging construction	80 10 80 80		Orace to the trade of			
Manufacturer: N/A		Manu	facture Date: 10/01/20			
Serial Number: TILX 731698		Last T	est Date:			
Material of Construction: Stee	el	(if Tank Car, CTMV,	, Portable Tank, or Cylinder)			
Design Pressure: 100		(if Tank Car, CTMV,				
Shell Thickness:		(if Tank Car, CTMV	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car, CTMV)				
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	Manufacturer: U	10 TO	Model: UNI	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
29. If the packaging is for Radioac		present and legible) e following:	(if pr	esent and legible)		
Packaging Category:	☐ Type A	☐ Type B ☐ Ty	ype C 🔲 Excepted	□ Industrial		
Packaging Certification:	☐ Self Certified	U.S. Certification	Certification Numb	ber N/A		
Nuclide(s) Present: N/A	111	Transport Inc	dex: N/A			
Activity: N/A		Critical Safet	y Index:N/A	20		
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	===3		<u></u>	Waterway/Storm Sewer
□ V	/apor (Gas) Dispersion	invironmental	Damage No Re	elease
31. Emergency Response : The following entities	s responded to the incident:	(Check all th	at apply)	
☐ Fire/EMS Report #	Police Report #		☐ In-house clear	nup X Other Cleanup
32. Damages: Was the total damage cos		X Yes	□ No	
If yes, enter the following information: If no	o, go to question 33.			
	Property Damage:	640-24-57 m C (44)		emediation/Cleanup Cost:
\$ <u>0</u> \$ <u>0</u> (See damage definitions in the instructions)	<u> </u>	\$ 10000) \$	0
33a. Did the hazardous material cause or contribut	te to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting f	rom the hazardous material:			
Fatalities: Employ	rees Resp	onders	Genera	l Public
33b. Were there human fatalities that did not resul	It from the hazardous materia	l? Yes	⊠ No If y	es, how many?
34. Did the hazardous material cause or contribute	to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting fro	om the hazardous material:			
Hospitalized (Admitted Only): Employ	vees Resp	onders	Genera	l Public
Non-Hospitalized: Employ	vees Resp	onders	Genera	l Public
(e.g.: On site first aid or Emergency Room observation	n and release)			
35. Did the hazardous material cause or contribute	to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of em	ployees evacu	uated To	otal Evacuated
Duration of the evacuation (hours	1)			
36. Was a major transportation artery or facility clo	osed?	☐ Yes	☑ No If yes, I	how many? (hours)
37. Was the material involved in a crash or derailn	nent?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weath	ner conditions: Clear	
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	▼ Yes	□ No	
PART V - AIR INCIDENT INFORMATION	ON (please refer to § 175.	31 to report	a discrepancy for a	air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passenge	er baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, chec	ck the appropriate box for the	location when	re the incident was d	iscovered)?
☐ Air carrier cargo facility	Sort center		☐ Baggage area	
☐ By surface to/from airport	☐ During flight	1	☐ During loading/u	nloading of aircraft
40. What phase(s) had the shipment already under	rgone prior to the incident? (C	Check all that a	apply)	500
☐ Shipment had not been transported	☐ Transported by air (first		☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility	27 Addition to 1 and 1 a	MINISTER STATES		
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022, a Key Train of Ethanol derailed and 28 tank cars reaught fire. This tank car released product through the manway gasket the fire.	
the life.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac	
procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if r	r improvement to hazardous materials transportation beyond the
No additional comments.	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131 E-mail Address:	062615552003XZ Date: 02/01/22
Preparer is:	Other
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Form Approval OMB No. 2137-0039

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PART I - REPORT	TYPE	5,3773,575	1794		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclar	ed shipment with no release
		(1) received structure	ral damage to the la	s or greater containing any h ding retention system or dar system and (2) did not have	nage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A suppler	nental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (u	se 24-hour time): <u>09:53</u>	
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>NA</u>		
6. If you submitted a re	eport to another Fede	eral DOT agency, ent	er the agency and	report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	ode (if known): 76373
Street Address/Mile	Marker/Yardname/A	rport/Body of Water/	River Mile <u>154.97</u>	7	2
8. Mode of Transporta	tion	Air	☐ Highway	X Rail	Water
9. Transportation Phas	se 🗓	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company			
	Street 2500 Lou M				
	City Fort Worth	- W - 11 - 11 - 11 - 11 - 11 - 11 - 11		State TX	ZIP Code 76131
	Federal DOT ID Nur	mber <u>281683</u>	н	azmat Registration Numb	per <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Count	v Road 8			
	C. Sara				ZIP Code 79045
	Waybill/Shipping P	aper 4395-01-07-18.	51.08.822022 H	azmat Registration Numb	per <u>Unavailable</u>
12. Origin	Street Same as sl	nipper			
(if different from shipper address)	City			State	ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
	City Fort Worth			State TX	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S,3, II		
15. Technical/Trade Na	me: Ethanol				
16. Hazardous Class/ Division: 3	Numl	fication per: <u>1987</u> IN2764, NA 2020)	18. Packin Group (if appli	<u> </u>	19. Quantity Liquid Released: 21,281 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardou	s waste? Yes	■ No If ye	s, provide the EPA Manif	est Number:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	No If ye	s, provide the Hazard Zor	ne:
22. Was the material sl	nipped under an Exer	nption, Approval, or (Competent Autho	rity Certificate?	∕es X No
If yes, provide the E	xemption, Approval,	or CA number:		10.000	
23. Was this an undecl	ared hazardous mate	rials shipment?			∕es ⊠ No
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PART III - PACKAC	GING INFORMATION	ON					
24. Check Packaging Typ	e (check only one - if mo	re than one, list	type of packa	ging, copy	Part III, and complet	e for each type:	
☐ Non-bulk	☐ IBC		Cargo tank N	otor Vehicl	e (CTMV)	▼ Tank Car	
☐ Cylinder	RAM		Portable Tan	k		Other N/A	
that corresponds to t	Statement and the second statement of the second statement of the second statement of the second statement of	ype checked abo	ove. Enter the	number of	codes as appropriat	er the codes from the list e to describe the incident. mat in part VI.	
1. What Failed:	121	How Failed:	308		Causes of Failure:	512	
2. What Failed:	106	How Failed:	301	-	Causes of Failure:	509	
26a. Provide the packagi	ng identification marking	gs, if available.					
Identification Marki	ngs: <u>117J100W</u>						
(Examples: 1A1/Y1.4/19	50/92/USA/RB/93/RL, UN31H	1/Y0493/USA/M933	39/10800/1200,	DOT - 105A -	100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)	
26b. For Non-bulk, IBC, complete the follow	or non-specification pack ring:	aging, if identific	cation markin	gs are incon	nplete or unavailable	e, see instructions and	
Single Package or C	Outer Packaging:			Single Pack	age or Inner Packag	jing (if any):	
Packaging Type: N	/A		_	Packaging 1	Гуре: <u>N/A</u>		
Material of Constru	ction: N/A		_	Material of	Construction: N/A	,	
Head Type (Drums	only): Remova	ble 🔲	Non - Remov	/able			
27. Describe the package	e capacity and the quanti	ty:					
Single Package or C	Outer Packaging:			Single Pack	age or Inner Packag	ing (if any):	
Package Capacity:	30380	Liquid Gallon	_	Package Ca	pacity: 0		
	: 28936	Liquid Gallon	Amount in Package: 0				
	nt: 1		Number in Shipment: 0				
Number Failed: 1	Number Failed: 1		Number Failed: 0				
28. Provide packaging co	onstruction and test infor	mation, as appro	opriate:				
Manufacturer: N/A			_	Manufactur	e Date: 10/01/20		
Serial Number: <u>TIL)</u>	<u> </u>		_	Last Test Da	ate:		
Material of Construc	ction: <u>Steel</u>		(if Tank Car,	CTMV, Portal	ole Tank, or Cylinder)		
Design Pressure:			(if Tank Car, CTMV, Portable Tank)				
Shell Thickness:			(if Tank Car, CTMV, Portable Tank)				
Head Thickness:			(if Tank Car, CTMV)				
Service Pressure:			(if Cylinder)				
If valve or device fa	iled:						
Type: N/A	Manu	facturer: UNKN	10175 SECOND		Model: <u>UNKI</u>	The state of the s	
29. If the packaging is fo	r Radioactive Materials, o	N/1 02	ent and legible) lowing:		(if pres	ent and legible)	
Packaging Category	Type A		Type B	☐ Type C	☐ Excepted	☐ Industrial	
Packaging Certificat	tion: Self Cert	ified	U.S. Certifica	ation	Certification Numbe	er N/A	
Nuclide(s) Present:	N/A		Transp	ort Index: N	/A		
Activity: N/A				Safety Inde			
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	951-225-517-035	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE	FAILURE
Describe the sequence of events that led to the incident and the actioncluding the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mecessary.	
On January 8, 2022 a Key Train of ethanol derailed and 28 tank cars caught fire. Tank car had sever fire damage and BOV adapter was sh	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as a procedures) to help prevent recurrence. Provide recommendations f control of your individual company. Continue on additional sheets if No additional comments.	or improvement to hazardous materials transportation beyond the
PART VIII- CONTACT INFORMATION	
	Telephone Number /
Contact's Name (Type or Print): Paul Hester Contact's Title: Mgr Haz Mat	Telephone Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>02/01/22</u>
Preparer is:	Other
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	53775-779	1,554		
1. This is to report:	X	A) A hazardous mater	rial incident	B) An undeclare	ed shipment with no release
		(1) received structu	ral damage to the la	s or greater containing any ha ding retention system or dam a system and (2) did not have	nage that requires repair to a system
2. Indicate whether this	s is:	An initial report	A supple	mental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (u	se 24-hour time): <u>09:53</u>	
5. Enter National Resp	onse Center Report N	lumber (if applicable	e): <u>NA</u>		
6. If you submitted a re	eport to another Fede	eral DOT agency, ent	er the agency an	d report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	de (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	rport/Body of Water	River Mile 154.9	7	
8. Mode of Transporta	tion 🔲	Air	☐ Highway	X Rail	☐ Water
9. Transportation Phas	se 🛛	In Transit	Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	S20000 \$1202	250mg/c 84/90	151.H25
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nur	nber <u>281683</u>	н	azmat Registration Numb	er <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	hanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping P	aper <u>Unavailable</u>	н	azmat Registration Numb	er <u>Unavailable</u>
12. Origin	Street Same as sh	nipper			
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
The second second second				188 118 118	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	50 (100 00 40 00 00 00 00	V 400
15. Technical/Trade Na			30 90		
16. Hazardous Class/ Division: 3	17. Identi	fication per: <u>1987</u> N2764, NA 2020)	18. Packin Group (if appli	: <u>II</u>	9. Quantity Liquid Released: 28,931 Gallon (Include Measurement Units)
20. Was the material sl			201 (10.40) (max)		est Number:
A PROPERTY OF STATE O			1000000 000000 00000000000000000000000		Salas as cata surriga a Mandrida de Catalante Calante. 19
21. Is this a Toxic by In				s, provide the Hazard Zon	
22. Was the material sl			Competent Autho	rity Certificate?	es 🗵 No
If yes, provide the E	Exemption, Approval,	or CA number:			alle secon was
23. Was this an undecl	ared hazardous mate	rials shipment?		□ Y	es 🛛 No
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PART III - PACKAGING IN	FORMATION						
24. Check Packaging Type (check o	only one - if more than one,	list type of packagin	ng, copy Part III, and comple	ete for each type:			
☐ Non-bulk	☐ IBC	☐ Cargo tank Mot	or Vehicle (CTMV)	▼ Tank Car			
☐ Cylinder	RAM	☐ Portable Tank		Other N/A			
25. See instructions and enter the athat corresponds to the particular the most important failure.	lar packaging type checked	l above. Enter the nu	mber of codes as appropria	ate to describe the incident.			
1. What Failed: <u>106</u>	How Failed	310	Causes of Failure	509			
2. What Failed:	How Failed	:	Causes of Failure	·			
26a. Provide the packaging identifi	cation markings, if availabl	e.					
Identification Markings: 117J	100W						
(Examples: 1A1/Y1.4/150/92/USA/F	RB/93/RL, UN31H1/Y0493/USA/I	M9339/10800/1200, DOT	Γ - 105A - 100W (RAIL), DOT 406	(HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-spe complete the following:	cification packaging, if ider	ntification markings a	are incomplete or unavailab	ole, see instructions and			
Single Package or Outer Pack	aging:	Sir	ngle Package or Inner Packa	iging (if any):			
Packaging Type: N/A		Pad	ckaging Type: N/A				
Material of Construction: N/A		Ma	aterial of Construction: N/A				
Head Type (Drums only):	Removable	☐ Non - Removab	le				
27. Describe the package capacity	and the quantity:						
Single Package or Outer Pack	aging:	Sin	ngle Package or Inner Packa	ging (if any):			
Package Capacity: 30300	Liquid Gallon						
Amount in Package: 28931	Liquid		15 / N N N	20 20			
Number in Shipment: 1							
Number Failed: 1							
28. Provide packaging construction	n and test information, as a						
Manufacturer: N/A		Ma	nufacture Date: 10/01/20				
Serial Number: TILX 731680		Las	st Test Date:				
Material of Construction: Stee	I	(if Tank Car, CTI	MV, Portable Tank, or Cylinder)				
Design Pressure:		(if Tank Car, CTI	MV, Portable Tank)				
Shell Thickness:		(if Tank Car, CT					
Head Thickness:		(if Tank Car, CTI					
Service Pressure:							
If valve or device failed:							
Type: N/A	Manufacturer: UN	A 100 CO	Model: UNK	TO A STATE OF THE PARTY OF THE			
29. If the packaging is for Radioact	W 1.2	oresent and legible) oresent and legible)	(IT pre	esent and legible)			
Packaging Category:	☐ Type A	☐ Type B ☐	Type C	☐ Industrial			
Packaging Certification:	☐ Self Certified	U.S. Certificatio	n Certification Numb	er N/A			
Nuclide(s) Present: N/A		Transport	Index: N/A				
Activity: N/A		Critical Sa	fety Index: N/A				
Form DOT F 5800.1 (01-2004)		Page 2	Reprodu	action of this form is permitted			

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	951-225-517-035	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		W.
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE	FAILURE
	ions taken at the time it was discovered. Describe the package failure, and diagrams should be submitted if needed for clarification. Estimate mitigate the effects of the release. Continue on additional sheets if
On January 8, 2022 a Key Train of ethanol derailed 28 tank cars tha caught fire. Tank car had severe fire damage, BOV and skid torn off	
	*
PART VII - RECOMMENDATIONS/ACTIONS TAKE	N TO PREVENT RECURRENCE
	additional training, use of better packaging, or improved operating for improvement to hazardous materials transportation beyond the if necessary.
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>02/01/22</u>
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	cy Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5,3773,575	1798		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclar	ed shipment with no release
		(1) received structure	ral damage to the la	s or greater containing any h iding retention system or dan n system and (2) did not have	nage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supple	mental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	FORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (u	se 24-hour time): 09:53	
5. Enter National Response Center Report Number (if applicable): NA					
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:					
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	ode (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile 154.9	7	· · · · · · · · · · · · · · · · · · ·
8. Mode of Transporta	tion 🔲	Air	☐ Highway	☑ Rail	☐ Water
9. Transportation Phas	se 🛛	In Transit	Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	Scientify \$1902	.70m909 5470	150-755
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nur	nber <u>281683</u>	н	azmat Registration Numb	per <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping P	aper <u>4159-01-07-18.</u>	51.08.832022 H	azmat Registration Numb	per <u>Unavailable</u>
12. Origin	Street Same as sh	nipper			
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
The state of the s					ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S 400
15. Technical/Trade Na			90		
16. Hazardous Class/ Division: 3	17. Identi	fication per: <u>1987</u> N2764, NA 2020)	18. Packin Group (if appli	: <u>II</u>	19. Quantity Liquid Released: 17,657 Gallon (Include Measurement Units)
20. Was the material sl	hipped as a hazardous	s waste? Yes	■ No If year	s, provide the EPA Manife	est Number:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	X No If ye	s, provide the Hazard Zor	ne:
22. Was the material sl	hipped under an Exen	nption, Approval, or (Competent Autho	rity Certificate?	√es ⊠ No
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl		STATE OF THE STATE			√es ⊠ No
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Form DOT F 5800.1 (01	-2004)		Page 1	Reprod	duction of this form is permitted

PART III - PACKAGING IN	FORMATION					
24. Check Packaging Type (check	only one - if more than one,	list type of packa	aging, copy P	art III, and complete	for each type:	
☐ Non-bulk	☐ IBC	☐ Cargo tank N	Motor Vehicle	(CTMV)	▼ Tank Car	
☐ Cylinder	RAM	☐ Portable Tar	nk		Other N/A	
25. See instructions and enter the that corresponds to the particular the most important failular the most importa	ılar packaging type checked	above. Enter the	number of c	odes as appropriate	to describe the incident.	
1. What Failed: 121	How Failed:	308		Causes of Failure:	512	
2. What Failed: 106	How Failed:	312		Causes of Failure:	509	
26a. Provide the packaging identif	ication markings, if available	e.				
Identification Markings: 117J	100W					
(Examples: 1A1/Y1.4/150/92/USA/	RB/93/RL, UN31H1/Y0493/USA/N	M9339/10800/1200,	DOT - 105A - 10	00W (RAIL), DOT 406 (F	HIGHWAY), DOT 51, DOT 3-A)	
26b. For Non-bulk, IBC, or non-specomplete the following:	ecification packaging, if iden	tification markin	gs are incom	plete or unavailable	, see instructions and	
Single Package or Outer Pack	kaging:		Single Packa	ige or Inner Packagi	ing (if any):	
Packaging Type: N/A			Packaging T	ype: N/A		
Material of Construction: N/A			Material of C	onstruction: N/A		
Head Type (Drums only):	Removable	☐ Non - Remo	vable			
27. Describe the package capacity	and the quantity:					
Single Package or Outer Pack			Single Packa	ge or Inner Packagi	ng (if any):	
Package Capacity: 30350 Liquid Gallon			Package Cap	acity: 0	<u></u>	
Amount in Package: 28934		Amount in P	ackage: 0			
Number in Shipment: 1			Number in S	hipment: 0		
Number Failed: 1		Number Fail	ed: <u>0</u>	**************************************		
28. Provide packaging construction	n and test information, as ap	ppropriate:				
Manufacturer: N/A		Manufacture	Date: 11/01/20			
Serial Number: TILX 731721			Last Test Da	te:		
Material of Construction: Stee	el	(if Tank Car,	(if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure:		(if Tank Car,	(if Tank Car, CTMV, Portable Tank)			
Shell Thickness:		(if Tank Car	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car,	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	The state of the s	THE PARTY OF THE P		Model: <u>UNKN</u>	100 100 100 100 100 100 100 100 100 100	
29. If the packaging is for Radioac	10/1/2	resent and legible) following:		(if prese	ent and legible)	
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial	
Packaging Certification:	☐ Self Certified	U.S. Certific	ation (Certification Number	N/A	
Nuclide(s) Present: N/A Transport Index: N/A						
Activity: N/A		Critica	Safety Index	:: <u>N/A</u>		
Form DOT F 5800.1 (01-2004)		Page 2		Reproduct	tion of this form is permitted	

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	951-225-517-035	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		W.
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of ethanol derailed and 28 tank cars recaught fire. Tank car had severe fire damage, BOV adapter sheared of	
burned out and leaked.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if No additional comments.	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131 E-mail Address:	062615552003XZ
	Date: <u>02/01/22</u>
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	☐ Other
Form DOT F 5800.1 (01-2004) Page	4 Reproduction of this form is permitted



Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	ТҮРЕ					
1. This is to report:						
	C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.					
2. Indicate whether this	s is: An initial report A supplemental (follow-up) report Additional Pages					
PART II - GENER	AL INCIDENT INFORMATION					
3. Date of Incident: 01/	08/22 4. Time of Incident (use 24-hour time): 09:53					
5. Enter National Resp	5. Enter National Response Center Report Number (if applicable): NA					
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:						
7. Location of Incident	: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373					
Street Address/Mile	Marker/Yardname/Airport/Body of Water/River Mile 154.97					
8. Mode of Transporta	tion 🔲 Air 🔲 Highway 🗵 Rail 🔲 Water					
9. Transportation Phas	ie 🗵 In Transit 🔲 Loading 🔲 Unloading 🔲 n Transit Storage					
10. Carrier/Reporter	Name BNSF Railway Company					
	Street 2500 Lou Menk Drive					
	City Fort Worth State TX ZIP Code 76131					
	Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ					
11. Shipper/Offeror	Name Hereford Ethanol Partners LP					
	Street 4300 County Road 8					
	City Hereford State TX ZIP Code 79045					
	Waybill/Shipping Paper 8699-01-07-18.51.08.972022 Hazmat Registration Number Unavailable					
12. Origin	Street Same as shipper					
(if different from shipper address)	City State ZIP Code					
13. Destination	Street 5101 Lone Star Blvd					
	City Fort Worth State TX ZIP Code 76101					
14. Proper Shipping Na	ame of Hazardous Material: Alcohols N.O.S, 3, II					
15. Technical/Trade Name: Ethanol						
16. Hazardous Class/ Division: 3	17. Identification 18. Packing 19. Quantity Liquid Number: 1987 Group: II Released: 26,239 Gallon (E.g. UN2764, NA 2020) (if applicable) (Include Measurement Units)					
20. Was the material sh	nipped as a hazardous waste? 🔲 Yes 🗵 No If yes, provide the EPA Manifest Number:					
21. Is this a Toxic by In	21. Is this a Toxic by Inhalation (TIH) material?					
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?						
If yes, provide the E	exemption, Approval, or CA number:					
2577 DECEM	ared hazardous materials shipment?					
Form DOT E 5000 1 (01	2004) Page 1 Reproduction of this form is permitted					

PART III - PACKAGING I	NFORMATION					
24. Check Packaging Type (check	only one - if more than o	ne, list type of packaging, copy Part III, ar	nd complete for each type:			
☐ Non-bulk	□ IBC	☐ Cargo tank Motor Vehicle (CTMV)	▼ Tank Car			
☐ Cylinder	RAM	☐ Portable Tank	Other N/A			
that corresponds to the partic	cular packaging type chec	es found at the end of the instructions. Be ked above. Enter the number of codes as are more than two failure points, provide	appropriate to describe the incident.			
1. What Failed: 134	How Fa	iled: 308 Causes	of Failure: 502			
2. What Failed:	How Fa	iled: Causes	of Failure:			
26a. Provide the packaging identi	ification markings, if avai	lable.				
Identification Markings: 117						
		SA/M9339/10800/1200, DOT - 105A - 100W (RAII	.). DOT 406 (HIGHWAY). DOT 51. DOT 3-A)			
		dentification markings are incomplete or				
Single Package or Outer Pac	ckaging:	Single Package or In	ner Packaging (if any):			
Packaging Type: N/A	***	Packaging Type: N/A	1			
Material of Construction: N/	A	Material of Construct	tion: N/A			
Head Type (Drums only):	Removable	☐ Non - Removable				
27. Describe the package capacity	y and the quantity:					
Single Package or Outer Pac	ckaging:	Single Package or In	ner Packaging (if any):			
	Liquid Gallon		0			
Amount in Package: 28915	Liquid		0			
Number in Shipment: 1			:: <u>0</u>			
Number Failed: 1						
District At Selfs Re de Selfs	// RB RB BB BB					
28. Provide packaging construction	on and test information, a	representative and the second				
Manufacturer: N/A	8	Manufacture Date: 1	0/01/20			
Serial Number: TILX 731782		Last Test Date:	Amphilian is a section of the sectio			
			(if Tank Car, CTMV, Portable Tank, or Cylinder)			
57.0		(if Tank Car, CTMV, Portable Tank)	- 1.5 (a.7) (a.7)			
Shell Thickness:			-			
Head Thickness:			(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	Manufacturer:	CONTRACTOR OF THE PROPERTY OF	odel: UNKNOWN			
29. If the packaging is for Radioa	ctive Materials, complete	(if present and legible) the following:	(if present and legible)			
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ E	Excepted Industrial			
Packaging Certification:	☐ Self Certified	- Company of the Comp	ion Number N/A			
	_					
Nuclide(s) Present: N/A Activity: N/A		Transport Index: N/A Critical Safety Index: N/A				
areamone of #1 America			, 			
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	951-225-517-035	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		W.
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	FAILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to make the duration of the release, if possible is the contract of the release.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of ethanol derailed and 28 tank cars leaught fire. Tank Car had sever fire damage, protective housing bent	
line valve, BOV adapter sheared.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as a procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if No additional comments.	or improvement to hazardous materials transportation beyond the
DART VIII CONTACT INFORMATION	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: 02/01/22
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5,3773,575	1.04		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclare	ed shipment with no release
		(1) received structure	ral damage to the la	or greater containing any ha ding retention system or dan system and (2) did not have	nage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supplen	nental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (u	se 24-hour time): <u>09:53</u>	
5. Enter National Response Center Report Number (if applicable): NA					
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:					
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	ode (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile 154.97		**
8. Mode of Transporta	tion 🔲	Air	☐ Highway	X Rail	☐ Water
9. Transportation Phas	se 🛛	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	50000 1992	250m90 94YO	40.00
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nur	nber <u>281683</u>	н	azmat Registration Numb	oer <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping P	aper 4321-01-07-18.	51.08.822022 H	azmat Registration Numb	per <u>Unavailable</u>
12. Origin	Street Same as sh	nipper			
(if different from shipper address)		1 Production			ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
	City Fort Worth			State TX	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	50 (10) (10)	57 - 100 - 101 - 57 - 400 - 101
15. Technical/Trade Na	me: Ethanol		90		
16. Hazardous Class/ Division: 3	Numb	fication per: <u>1987</u> IN2764, NA 2020)	18. Packinį Group: (if applid	<u>II </u>	19. Quantity Liquid Released: 27,407 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardous	s waste? Yes	☑ No If yes	s, provide the EPA Manife	est Number:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	X No If yes	s, provide the Hazard Zon	ne:
22. Was the material sl	nipped under an Exen	nption, Approval, or (Competent Author	rity Certificate?	′es ⊠ No
If yes, provide the E	exemption, Approval,	or CA number:	1700	74 E 3	eraben. Samst easter
23. Was this an undecl		STATE OF THE STATE		□ Y	∕es ⊠ No
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PART III - PACKAGING II	NFORMATION					
24. Check Packaging Type (check	only one - if more than o	ne, list type of packaging, copy Part III, and co	mplete for each type:			
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor Vehicle (CTMV)	▼ Tank Car			
☐ Cylinder	RAM	☐ Portable Tank	Other N/A			
that corresponds to the partic	ular packaging type checl	s found at the end of the instructions. Be sure ked above. Enter the number of codes as appr are more than two failure points, provide in t	opriate to describe the incident.			
1. What Failed: <u>134</u>	How Fai	led: 308 Causes of Fa	ilure: <u>502</u>			
2. What Failed:	How Fai	led: Causes of Fa	ilure:			
26a. Provide the packaging identi	fication markings, if avail	able.				
Identification Markings: 117	J100W					
(Examples: 1A1/Y1.4/150/92/USA	/RB/93/RL, UN31H1/Y0493/US	SA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DO	T 406 (HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-sp complete the following:	ecification packaging, if i	dentification markings are incomplete or unav	vailable, see instructions and			
Single Package or Outer Pac	kaging:	Single Package or Inner I	Packaging (if any):			
Packaging Type: N/A		Packaging Type: N/A				
Material of Construction: N/A	4	Material of Construction:	N/A			
Head Type (Drums only):	Removable	☐ Non - Removable				
27. Describe the package capacity	and the quantity:					
Single Package or Outer Pac	kaging:	Single Package or Inner F	ackaging (if any):			
Package Capacity: 30300	Liquid Gallon	Package Capacity: 0				
Amount in Package: 28939	Liquid Gallon					
Number in Shipment: 1		Number in Shipment: 0				
Number Failed: 1						
28. Provide packaging construction	on and test information, a	s appropriate:				
Manufacturer: N/A		Manufacture Date: 12/01	/15			
Serial Number: CRDX 30011	10	Last Test Date:				
Material of Construction: Ste	el	(if Tank Car, CTMV, Portable Tank, or Cyli	(if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Shell Thickness:		(if Tank Car, CTMV, Portable Tank)				
Head Thickness:		(if Tank Car, CTMV)				
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	The state of the s	The state of the s	UNKNOWN			
29. If the packaging is for Radioac		(if present and legible) the following:	(if present and legible)			
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Exce	oted Industrial			
Packaging Certification:	☐ Self Certified	☐ U.S. Certification Certification N	lumber N/A			
Nuclide(s) Present: N/A		Transport Index: N/A				
Activity: N/A		Critical Safety Index: N/A				
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	951-225-517-035	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		W.
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE	FAILURE
	ions taken at the time it was discovered. Describe the package failure, and diagrams should be submitted if needed for clarification. Estimate mitigate the effects of the release. Continue on additional sheets if
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars caught fire. Tank Car had severe fire damage, Protective housing co	
and broken, BOV adapter sheared	
PART VII - RECOMMENDATIONS/ACTIONS TAKE	N TO PREVENT RECURRENCE
	additional training, use of better packaging, or improved operating for improvement to hazardous materials transportation beyond the if necessary.
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: (
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131 E-mail Address:	062615552003XZ
	Date: 02/01/22
Preparer is: ☐ Carrier ☐ Shipper ☐ Facilit	y Other
Form DOT F 5800.1 (01-2004) Pag	ge 4 Reproduction of this form is permitted



Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5323300	1,778		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclare	d shipment with no release
		(1) received structure	ral damage to the lad	or greater containing any ha ing retention system or dam system and (2) did not have a	age that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supplem	ental (follow-up) report	■ Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (us	e 24-hour time): 09:53	
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>NA</u>		
6. If you submitted a re	eport to another Fede	eral DOT agency, ente	er the agency and	report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger S	State: TX ZIP Co	de (if known): 76373
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile 154.97	21	*
8. Mode of Transporta	tion 🔲	Air	☐ Highway	X Rail	☐ Water
9. Transportation Phas	se 🛛	In Transit	Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	90mbb 1199	20009AF 9870D	03.425
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nur	nber <u>281683</u>	Ha	zmat Registration Numb	er <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping P	aper <u>9463-01-07-18.</u>	51.08.692022 Ha	zmat Registration Numb	er <u>Unavailable</u>
12. Origin	Street Same as sh	nipper			
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
The second second second	- III			188	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S,3, II	20 100 100 100 22	
15. Technical/Trade Na	me: Ethanol				
16. Hazardous Class/ Division: 3	Numb	fication per: <u>1987</u> IN2764, NA 2020)	18. Packing Group: (if applic		9. Quantity Liquid Released: 26,375 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardous	s waste? Yes	■ No If yes	, provide the EPA Manife	st Number:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	X No If yes	, provide the Hazard Zon	e:
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl		STATE OF THE STATE		□ Y	es 🛛 No
Form DOT F 5800.1 (01	-2004)		Page 1	Reprod	uction of this form is permitted

PART III - PACKAGING IN	IFORMATION		
24. Check Packaging Type (check o	only one - if more than one, li	st type of packaging, copy Part III, and complete	e for each type:
☐ Non-bulk	□ IBC [☐ Cargo tank Motor Vehicle (CTMV)	▼ Tank Car
☐ Cylinder	RAM	☐ Portable Tank	Other N/A
that corresponds to the particu	lar packaging type checked a	and at the end of the instructions. Be sure to ent above. Enter the number of codes as appropriate more than two failure points, provide in this for	e to describe the incident.
1. What Failed: 106	How Failed:	308 Causes of Failure:	509
2. What Failed:	How Failed:	Causes of Failure:	
26a. Provide the packaging identif	ication markings, if available.		
Identification Markings: 117J	100W		
(Examples: 1A1/Y1.4/150/92/USA/I	RB/93/RL, UN31H1/Y0493/USA/M9	9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)
26b. For Non-bulk, IBC, or non-specomplete the following:	ecification packaging, if identi	fication markings are incomplete or unavailable	e, see instructions and
Single Package or Outer Pack	aging:	Single Package or Inner Packag	ing (if any):
Packaging Type: N/A		Packaging Type: N/A	
Material of Construction: N/A		Material of Construction: N/A	
Head Type (Drums only):	☐ Removable	☐ Non - Removable	
27. Describe the package capacity	and the quantity:		
Single Package or Outer Pack		Single Package or Inner Packag	ing (if any):
Package Capacity: 30220	Liquid Gallon	Package Capacity: 0	a a
Amount in Package: 28940	Liquid Gallon	Amount in Package: 0	
Number in Shipment: 1		Number in Shipment: 0	9
Number Failed: 1		Number Failed: 0	
28. Provide packaging construction	n and test information, as app	propriate:	
Manufacturer: N/A		Manufacture Date: 12/01/15	
Serial Number: CRDX 30007	0	Last Test Date:	
Material of Construction: Stee		(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:		(if Tank Car, CTMV, Portable Tank)	
Shell Thickness:		(if Tank Car, CTMV, Portable Tank)	
Head Thickness:		(if Tank Car, CTMV)	
Service Pressure:		(if Cylinder)	
If valve or device failed:			
Type: N/A	Manufacturer: UNK	NOWN Model: UNKN	NOWN
29. If the packaging is for Radioact	W 02		ent and legible)
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Excepted	☐ Industrial
Packaging Certification:	☐ Self Certified [U.S. Certification Certification Number	r N/A
Nuclide(s) Present: N/A		Transport Index: N/A	
Activity: N/A		Critical Safety Index: N/A	
Form DOT F 5800.1 (01-2004)		Page 2 Reproduc	tion of this form is permitted

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	951-225-517-035	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		W.
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAG	SE FAILURE
including the size and location of holes, cracks, etc. Photographs	actions taken at the time it was discovered. Describe the package failure, and diagrams should be submitted if needed for clarification. Estimate to mitigate the effects of the release. Continue on additional sheets if
On January 8, 2022 a Key Train of ethanol derailed and 28 tank caught fire. Tank car had severe fire damage, BOV adapter shear	
PART VII - RECOMMENDATIONS/ACTIONS TAK	CEN TO PREVENT RECURRENCE
	as additional training, use of better packaging, or improved operating ns for improvement to hazardous materials transportation beyond the ts if necessary.
PART VIII- CONTACT INFORMATION	
	T.I.I. N.I.
Contact's Name (Type or Print): Paul Hester Contact's Title: Mgr Haz Mat	Telephone Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	
E-Iliali Address.	Date: <u>02/01/22</u>
Preparer is:	



Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE				
1. This is to report:	×	A) A hazardous materia	al incident	B) An undecla	ared shipment with no release
		(1) received structura	al damage to the ladi		hazardous materials that amage that requires repair to a system ve a release.
2. Indicate whether this	s is:	An initial report	A suppleme	ntal (follow-up) report	■ Additional Pages
PART II - GENER	AL INCIDENT IN	FORMATION			
3. Date of Incident: 01	08/22	4. Tin	ne of Incident (use	24-hour time): <u>09:5</u>	3
5. Enter National Resp	onse Center Report I	Number (if applicable)	: <u>NA</u>		
6. If you submitted a re	eport to another Fede	eral DOT agency, ente	r the agency and r	eport number:	
7. Location of Incident	City: Oklaunion	County:	Wilbarger S	tate: TX ZIP (Code (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/F	River Mile <u>154.97</u>	200	20 2
8. Mode of Transporta	tion 🔲	Air	☐ Highway	Rail	☐ Water
9. Transportation Phas	e X	In Transit	Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	F-201000 11-20-00		1994 1994
	Street 2500 Lou M	lenk Drive			
	City Fort Worth	701111	View	The second secon	ZIP Code 76131
	Federal DOT ID Nur	mber <u>281683</u>	Haz	mat Registration Nun	nber <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Count	ty Road 8			
	City Hereford				ZIP Code <u>79045</u>
	Waybill/Shipping P	aper <u>6941-01-07-18.5</u>	51.08.752022 Haz	mat Registration Nun	nber <u>Unavailable</u>
12. Origin (if different from	Street Same as sl	nipper			
shipper address)	City			State	ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
	City Fort Worth			State TX	ZIP Code 76101
14. Proper Shipping Na	me of Hazardous Ma	terial: Alcohols N.O.S	, 3, II		
15. Technical/Trade Na	me: Ethanol				3
16. Hazardous Class/ Division: 3		fication per: <u>1987</u> JN2764, NA 2020)	18. Packing Group: <u>II</u> (if applica	- N. 179.	19. Quantity Liquid Released: 28,961 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardou	s waste? Yes	No If yes,	provide the EPA Man	ifest Number:
21. Is this a Toxic by Inhalation (TIH) material? Yes No If yes, provide the Hazard Zone:					
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the E	xemption, Approval,	or CA number:			
23. Was this an undecl					Yes 🛛 No
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24. Check Packaging Type Icheck only one - if more than one, list type of packaging, copy Part III, and complete for each type: Non-bulk	PART III - PACKAGING II	NFORMATION				
Cylinder	24. Check Packaging Type (check	only one - if more than o	ne, list type of packaging	, copy Part III, and compl	lete for each type:	
25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI. 1. What failed:	☐ Non-bulk	☐ IBC	☐ Cargo tank Moto	r Vehicle (CTMV)	▼ Tank Car	
that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI. 1. What Failed: 134	☐ Cylinder	RAM	☐ Portable Tank		Other N/A	
2. What Failed:	that corresponds to the partic	ular packaging type chec	ked above. Enter the nun	nber of codes as appropri	iate to describe the incident.	
26a. Provide the packaging identification markings, if available. Identification Markings: 117J100W (Examples: 1A1Y1.4/15092/USA/RBR92RL, UN31H1/Y0492/USA/M9229/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3.A) 26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following: Single Package or Outer Packaging: Single Package or Outer Packaging: Packaging Type: N/A Material of Construction: N/A Head Type (Drums only): Removable 27. Describe the package capacity and the quantity: Single Package or Outer Packaging: Single Package or Inner Packaging (if any): Package Capacity: Single Package or Inner Packaging (if any): Package Capacity: Single Package or Inner Packaging (if any): Package Capacity: Single Package or Inner Packaging (if any): Package Capacity: Number Package: Single Package or Inner Packaging (if any): Package Capacity: Number in Shipment: Number in Shipment: Number Failed: 1 Number Failed: 0 28. Provide packaging construction and test information, as appropriate: Manufacturer: N/A Serial Number: Manufacturer: N/A Serial Number: Serial Number: Shell Thickness: (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV, Portable Tank) Model: Type: N/A Manufacturer: Nodel: Winknown (if present and legible) Winknown (if present and legible) Packaging Cartification: Self Certified U.S. Certification Certification Number N/A Nuclide(s) Present: Nuclide(s) Presen	1. What Failed: <u>134</u>	How Fai	led: <u>312</u>	Causes of Failur	e: <u>509</u>	
Identification Markings: 117_J100W	2. What Failed:	How Fai	led:	Causes of Failur	e:	
(Examples: 1A1V1.4/15092/USA/RB93RL, UN31H1/V0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3.A) 26b. For Non-bulk, IBC, or non-specification packaging; if identification markings are incomplete or unavailable, see instructions and complete the following: Single Package or Outer Packaging: Single Package or Inner Packaging (if any): Packaging Type: N/A Material of Construction: N/A Package or Inner Packaging (if any): Package Capacity: 30240 Construction	26a. Provide the packaging identi	ification markings, if avail	able.			
26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following: Single Package or Outer Packaging: Packaging Type: N/A Material of Construction: N/A Head Type (Drums only): Packaging Type: N/A Material of Construction: N/A Head Type (Drums only): Package capacity and the quantity: Single Package or Outer Packaging: Single Package or Inner Packaging (if any): Package Capacity: 30240 Callon Amount in Package: Package Capacity: Oaldon Number in Shipment: Number in Shipment: Number Failed: Number Failed: Manufacturer: Manufacturer: Manufacturer: Manufacturer: Manufacturer: Manufacturer: Manufacturer: Manufacturer: Manufacturer: Manufacture: Manufacturer: Manufacturer Manufacturer Manufacturer Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufa	Identification Markings: 117	J100W				
Single Package or Outer Packaging: Single Package or Outer Packaging: Packaging Type: N/A Material of Construction: N/A Head Type (Drums only): Single Package capacity and the quantity: Single Package or Outer Packaging: Single Package or Inner Packaging (if any): Package Capacity: Single Package or Inner Packaging (if any): Package Capacity: Single Package or Inner Packaging (if any): Package Capacity: Single Package or Inner Packaging (if any): Package Capacity: Single Package or Inner Packaging (if any): Package Capacity: Outer Package: Single Package or Inner Packaging (if any): Package or Inner Packaging (if any): Package Capacity: Number Package: Number in Shipment: Number in Shipment: Number Failed: Number Failed: Number Failed: Number Failed: Number Failed: Number Failed: Number CRDX 300133 Last Test Date: Manufacture Date: Manufactur	(Examples: 1A1/Y1.4/150/92/USA	/RB/93/RL, UN31H1/Y0493/US	SA/M9339/10800/1200, DOT	- 105A - 100W (RAIL), DOT 40	06 (HIGHWAY), DOT 51, DOT 3-A)	
Packaging Type: N/A Material of Construction: N/A Head Type (Drums only):		ecification packaging, if i	dentification markings ar	re incomplete or unavaila	ble, see instructions and	
Material of Construction: N/A Head Type (Drums only):	Single Package or Outer Pac	kaging:	Sing	gle Package or Inner Pack	aging (if any):	
Head Type (Drums only): Removable Non - Removable	Packaging Type: N/A		Pack	aging Type: N/A		
27. Describe the package capacity and the quantity: Single Package or Outer Packaging: Single Package or Inner Packaging (if any): Package Capacity: Amount in Package: Number in Shipment: Number Failed: Number Failed: Manufacturer: Manufacture Date: 12/01/15 Last Test Date: (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: Shell Thickness: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV, Portable Tank) Manufacturer: Manufacturer: (if Tank Car, CTMV, Portable Tank) Manufacturer: (if Tank Car, CTMV, Portable Tank) Manufacturer: (if Tank Car, CTMV, Portable Tank) Manufacturer:	Material of Construction: N/A	A	Mate	erial of Construction: N/A		
Single Package or Outer Packaging: Package Capacity: 30240	Head Type (Drums only):	Removable	☐ Non - Removable	•		
Package Capacity: 30240	27. Describe the package capacity	y and the quantity:				
Package Capacity: 30240	Single Package or Outer Pac	:kaging:	Sing	jle Package or Inner Pack	aging (if any):	
Amount in Package: 28961 Gallon Amount in Package: 0 Number in Shipment: 1 Number in Shipment: 0 Number Failed: 1 Number Failed: 0 28. Provide packaging construction and test information, as appropriate: Manufacturer: N/A Manufacture Date: 12/01/15 Serial Number: CRDX 300133 Last Test Date: Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: (if Tank Car, CTMV, Portable Tank) Shell Thickness: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV) Service Pressure: (if Cylinder) If valve or device failed: Type: N/A Manufacturer: UNKNOWN (if present and legible) 29. If the packaging is for Radioactive Materials, complete the following: Packaging Category: Type A Type B Type C Excepted Industrial Packaging Certification: Self Certified U.S. Certification Certification Number N/A Transport Index: N/A Critical Safety Index: N/A		Liquid				
Number in Shipment: 1	(5) (5) (1) <u></u>	Liquid		15.1 H N H		
Number Failed: 1	5 5					
28. Provide packaging construction and test information, as appropriate: Manufacturer: N/A						
Manufacturer: N/A Serial Number: CRDX 300133 Material of Construction: Steel	596-97 N. 950 89 99 1 750	V 80 00 80 00		<u></u>		
Serial Number: CRDX 300133 Last Test Date:	miles a proper of the language of	on and test information, a				
Material of Construction: Steel		5.00m	V-47.11			
Design Pressure:			SEC. 930555	E SAMOSE SE SAMOSE SE S		
Shell Thickness:)	
Head Thickness:	1200			320, 30		
Service Pressure:				(if Tank Car, CTMV, Portable Tank)		
If valve or device failed: Type: N/A				(if Tank Car, CTMV)		
Type: N/A	Service Pressure:		(if Cylinder)			
(if present and legible) 29. If the packaging is for Radioactive Materials, complete the following: Packaging Category:	If valve or device failed:					
29. If the packaging is for Radioactive Materials, complete the following: Packaging Category:	Type: N/A		100 to	OC TOTAL PROPERTY OF THE PARTY	A CONTRACT OF CASE OF	
Packaging Certification: Self Certified U.S. Certification Certification Number N/A Transport Index: N/A Activity: N/A Critical Safety Index: N/A	29. If the packaging is for Radioac			\li p	resent and regione/	
Nuclide(s) Present: N/A Activity: N/A Critical Safety Index: N/A	Packaging Category:	☐ Type A	☐ Type B ☐	Type C	☐ Industrial	
Nuclide(s) Present: N/A Activity: N/A Critical Safety Index: N/A	Packaging Certification:	☐ Self Certified	U.S. Certification	Certification Num	ber N/A	
	Nuclide(s) Present: N/A	- extra contra a separa persona del contra del	Transport le	ndex: N/A		
Form DOT F 5800 1 (01-2004) Page 2 Reproduction of this form is permitted	Activity: N/A		Critical Safe	ety Index: N/A		
	Form DOT E 5000 1 (01 2004)		Page 2	Don	luction of this form is permitted	

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	951-225-517-035	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		W.
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank car has severe fire damage, Protective housing compalve broken off, BOV adapter sheared off, skid damaged	
valve bloken on, bev adapter shedred on, said dumaged	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if r	r improvement to hazardous materials transportation beyond the
No additional comments.	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company 2600 Lou Menk Drive, Fort Worth, Texas 76131	Hazmat Registration Number (if not already provided): 062615552003XZ
E-mail Address:	Date: 02/01/22
Preparer is:	Other
Form DOT F 5800.1 (01-2004)	4 Reproduction of this form is permitted



Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	1.0(1.00)	1799		
1. This is to report:		A) A hazardous mater	ial incident	B) An undeclar	ed shipment with no release
		(1) received structure	ral damage to the la	s or greater containing any h iding retention system or dan n system and (2) did not have	mage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supple	mental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION			
3. Date of Incident: 01	08/22	4. Ti	me of Incident (u	se 24-hour time): <u>09:53</u>	
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>NA</u>		
6. If you submitted a re	eport to another Fede	eral DOT agency, ente	er the agency and	d report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	ode (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/Ai	rport/Body of Water/	River Mile 154.9	7	*
8. Mode of Transporta	tion 🔲	Air	☐ Highway	Rail	☐ Water
9. Transportation Phas	e 🛛	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	93-39 1392	55,0000 8490	120-120
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nur	nber <u>281683</u>	н	azmat Registration Numl	per <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford Et	thanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code <u>79045</u>
	Waybill/Shipping P	aper <u>7305-01-07-18.</u>	51.08.742022 H	lazmat Registration Numl	per <u>Unavailable</u>
12. Origin	Street Same as sh	nipper			
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
	City Fort Worth			State TX	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 100
15. Technical/Trade Na	me: Ethanol		3.0		
16. Hazardous Class/ Division: 3	17. Identi Numb	fication per: <u>1987</u> N2764, NA 2020)	18. Packin Group (if appli	: <u>II</u>	19. Quantity Liquid Released: 23,953 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardous	s waste? Yes	No If ye	s, provide the EPA Manif	est Number:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	No If ye	s, provide the Hazard Zoi	ne:
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl		er er en			Yes 🛛 No
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PART III - PACKAGING II	NFORMATION					
24. Check Packaging Type (check	only one - if more than o	ne, list type of packaging, copy Part	III, and complete for each type:			
☐ Non-bulk	□ IBC	☐ Cargo tank Motor Vehicle (C	TMV) 🗵 Tank Car			
☐ Cylinder	RAM	☐ Portable Tank	☐ Other N/A			
that corresponds to the partic	ular packaging type chec		s. Be sure to enter the codes from the list es as appropriate to describe the incident. rovide in this format in part VI.			
1. What Failed: 121	How Fai	ed: 308 Ca	uses of Failure: 512			
2. What Failed:	How Fai	led: Ca	uses of Failure:			
26a. Provide the packaging identi	ification markings, if avail	able.				
Identification Markings: 117						
Processor and the control of the con		SA/M9339/10800/1200. DOT - 105A - 100W	/ (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)			
			te or unavailable, see instructions and			
Single Package or Outer Pac	kaging:	Single Package	or Inner Packaging (if any):			
Packaging Type: N/A	•	Packaging Type	: N/A			
Material of Construction: N/	4	Material of Con	struction: <u>N/A</u>			
Head Type (Drums only):	Removable	■ Non - Removable				
27. Describe the package capacity	y and the quantity:					
Single Package or Outer Pac	:kaging:	Single Package	or Inner Packaging (if any):			
Package Capacity: 30390	Liquid	Package Capaci				
Amount in Package: 28932	Liquid		rage: 0			
Number in Shipment: 1			pment: <u>0</u>			
Number Failed: 1			0			
DR-40 AX 920 RF 92 F 700	V 80 00 80 00					
28. Provide packaging construction	on and test information, a	s appropriate:				
Manufacturer: N/A		Manufacture Da	ate: <u>03/01/20</u>			
Serial Number: TILX 731379		Last Test Date:	of another property and another property			
		(if Tank Car, CTMV, Portable T				
17.00		(if Tank Car, CTMV, Portable T	ank)			
Shell Thickness:		(if Tank Car, CTMV, Portable T	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car, CTMV)	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	Manufacturer:	UNKNOWN	Model: <u>UNKNOWN</u>			
29. If the packaging is for Radioac		if present and legible) the following:	(if present and legible)			
	minimus process in the colonia		□ Evented □ Industrial			
Packaging Category:	☐ Type A	☐ Type B ☐ Type C	☐ Excepted ☐ Industrial			
Packaging Certification:	☐ Self Certified	U.S. Certification Cert	ification Number <u>N/A</u>			
Nuclide(s) Present: N/A		Transport Index: N/A				
Activity: N/A		Critical Safety Index: N	/A			
Form DOT F 5800.1 (01-2004)		Page 2	Reproduction of this form is permitted			

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	951-225-517-035	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		W.
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank car had severe fire damage, manway gasket burned	
adapter sheared.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac	
procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if r	r improvement to hazardous materials transportation beyond the
No additional comments.	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131 E-mail Address:	062615552003XZ
Preparer is:	Date: 02/01/22
Garner G onipper G Pacinty	
Form DOT F 5800.1 (01-2004) Page	4 Reproduction of this form is permitted



Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	ТҮРЕ			
1. This is to report:				
	C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.			
2. Indicate whether this	s is: An initial report			
PART II - GENER	AL INCIDENT INFORMATION			
3. Date of Incident: 01	08/22 4. Time of Incident (use 24-hour time): 09:53			
5. Enter National Resp	onse Center Report Number (if applicable): NA			
6. If you submitted a re	eport to another Federal DOT agency, enter the agency and report number:			
7. Location of Incident	: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373			
Street Address/Mile	Marker/Yardname/Airport/Body of Water/River Mile 154.97			
8. Mode of Transporta	tion 🔲 Air 🔲 Highway 🗵 Rail 🔲 Water			
9. Transportation Phas	ie 🗵 In Transit 🗆 Loading 🗆 Unloading 🗆 n Transit Storage			
10. Carrier/Reporter	Name BNSF Railway Company			
	Street 2500 Lou Menk Drive			
	City Fort Worth State TX ZIP Code 76131			
	Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ			
11. Shipper/Offeror	Name Hereford Ethanol Partners LP			
3343	Street 4300 County Road 8			
	City Hereford State TX ZIP Code 79045			
	Waybill/Shipping Paper 7065-01-07-18.51.08.752022 Hazmat Registration Number Unavailable			
12. Origin	Street Same as shipper			
(if different from shipper address)	City State ZIP Code			
13. Destination	Street 5101 Lone Star Blvd			
The state of the s	City Fort Worth State TX ZIP Code 76101			
14. Proper Shipping Na	ame of Hazardous Material: Alcohols N.O.S			
15. Technical/Trade Na	me: Ethanol			
16. Hazardous Class/ Division: 3	17. Identification 18. Packing 19. Quantity Liquid Number: 1987 Group: II Released: 10.567 Gallon (E.g. UN2764, NA 2020) (if applicable) (Include Measurement Units)			
20. Was the material sl	nipped as a hazardous waste? 🔲 Yes 🗵 No If yes, provide the EPA Manifest Number:			
21. Is this a Toxic by Inhalation (TIH) material? Yes No If yes, provide the Hazard Zone:				
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?				
If yes, provide the Exemption, Approval, or CA number:				
25.0 DESCRIP	ared hazardous materials shipment?			
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PART III - PACKAGING IN	FORMATION						
24. Check Packaging Type (check o	only one - if more than one, I	ist type of pack	aging, copy	Part III, and complete	e for each type:		
☐ Non-bulk	□ Non-bulk □ IBC □ Cargo tank Motor Vehicle (CTMV)				▼ Tank Car		
☐ Cylinder	RAM	☐ Portable Ta	nk		Other N/A		
25. See instructions and enter the that corresponds to the particu Enter the most important failur	lar packaging type checked a	above. Enter th	e number of	codes as appropriate	e to describe the incident.		
1. What Failed: 134	How Failed:	310	. —	Causes of Failure:	509		
2. What Failed: 121	How Failed:	308		Causes of Failure:	512		
26a. Provide the packaging identifi	cation markings, if available	ı <u>.</u>					
Identification Markings: 117J	100W				<u></u>		
(Examples: 1A1/Y1.4/150/92/USA/F	RB/93/RL, UN31H1/Y0493/USA/M	9339/10800/1200	DOT - 105A -	100W (RAIL), DOT 406 (I	HIGHWAY), DOT 51, DOT 3-A)		
26b. For Non-bulk, IBC, or non-spe complete the following:	cification packaging, if ident	ification marki	ngs are incon	nplete or unavailable	e, see instructions and		
Single Package or Outer Pack	aging:		Single Pack	cage or Inner Packag	ing (if any):		
Packaging Type: N/A			Packaging 1	Гуре: <u>N/A</u>			
Material of Construction: N/A			Material of	Construction: N/A			
Head Type (Drums only):	Removable	☐ Non - Remo	ovable				
27. Describe the package capacity	and the quantity:						
Single Package or Outer Pack	aging:		Single Pack	age or Inner Packagi	ing (if any):		
Liquid Package Capacity: 30440 Gallon			Package Ca	pacity: 0			
Amount in Package: 28914			Amount in	Package: 0			
Number in Shipment: 1			Number in	Shipment: 0			
Number Failed: 1							
28. Provide packaging construction	n and test information, as ap	propriate:					
Manufacturer: Trinity			Manufactur	re Date: 03/01/20			
Serial Number: TILX 731462			Last Test Da	ate:			
Material of Construction: Stee	l	(if Tank Car	(if Tank Car, CTMV, Portable Tank, or Cylinder)				
Design Pressure:		(if Tank Ca	(if Tank Car, CTMV, Portable Tank)				
Shell Thickness:		(if Tank Ca	r, CTMV, Porta	ble Tank)			
Head Thickness:		(if Tank Ca	(if Tank Car, CTMV)				
Service Pressure:		(if Cylinder	·)				
If valve or device failed:							
Type: N/A	Manufacturer: UNK	KNOWN		Model: UNKN	IOWN		
29. If the packaging is for Radioact	W 1,0	esent and legible following:)	(if pres	ent and legible)		
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial		
Packaging Certification:	☐ Self Certified	U.S. Certific	cation	Certification Number	r N/A		
Nuclide(s) Present: N/A		Trans	port Index: N	/A			
Activity: N/A		Critica	al Safety Inde	ex:N/A			
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars re caught fire. Tank car had severe fire damage, Protective housing and a off, BOV adapter sheared off, Manway gasket burned out.	
on, boy adapter sheared on, manway gasker burned out.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if r	r improvement to hazardous materials transportation beyond the
No additional comments.	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided): 062615552003XZ
2600 Lou Menk Drive, Fort Worth, Texas 76131 E-mail Address:	Date: <u>02/01/22</u>
Preparer is:	Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE				
1. This is to report:	×	A) A hazardous mater	ial incident	B) An undec	lared shipment with no release
		(1) received structure	ral damage to the la		y hazardous materials that damage that requires repair to a system ave a release.
2. Indicate whether this	s is:	An initial report	☐ A supplen	nental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	NFORMATION			
3. Date of Incident: 01	08/22	4. Ti	me of Incident (u	se 24-hour time): 09:	53
5. Enter National Resp	onse Center Report I	Number (if applicable): <u>NA</u>		
6. If you submitted a re	eport to another Fede	eral DOT agency, ent	er the agency and	report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP	Code (if known): 76373
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile 154.97		
8. Mode of Transporta	tion 🔲	Air	☐ Highway	X Rail	☐ Water
9. Transportation Phas	e 🛚 🗓	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	9000000 \$1000	Company Serio	05-40
	Street 2500 Lou M	lenk Drive			
	City Fort Worth		0.00	State TX	ZIP Code 76131
	Federal DOT ID Nur	mber <u>281683</u>	H	azmat Registration Nu	mber <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping P	aper 7145-01-07-18.	51.08.752022 H	azmat Registration Nu	mber <u>Unavailable</u>
12. Origin	Street Same as sl	nipper			
(if different from shipper address)	City			State	ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
					ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	5, 3, II		25 1 101 111 27 101 101
15. Technical/Trade Na	me: Ethanol				
16. Hazardous Class/ Division: 3		fication per: <u>1987</u> JN2764, NA 2020)	18. Packinį Group: (if applid	<u>II</u>	19. Quantity Liquid Released: 28,935 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardou	s waste? Yes	☑ No If yes	s, provide the EPA Mai	nifest Number:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	X No If yes	s, provide the Hazard Z	Zone:
22. Was the material sl	nipped under an Exen	nption, Approval, or (Yes X No
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl		RESTRICTED AND		П	Yes X No
			Photo and the second		5 4997/857 19 -1 - 4086/34
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PART III - PACKAGING	INFORMATION						
24. Check Packaging Type (chec	k only one - if more than o	ne, list type of pack	aging, copy F	Part III, and complete	e for each type:		
☐ Non-bulk	☐ IBC	☐ Cargo tank	Motor Vehicle	☑ Tank Car			
☐ Cylinder	RAM	Portable Ta	nk		Other N/A		
25. See instructions and enter the that corresponds to the parti Enter the most important fail	cular packaging type checl	ked above. Enter th	e number of	codes as appropriate	e to describe the incident.		
1. What Failed: <u>149</u>	How Fai	led: <u>309</u>	_	Causes of Failure:	509		
2. What Failed: 137	How Fai	led: <u>301</u>		Causes of Failure:	509		
26a. Provide the packaging iden	tification markings, if avail	able.					
Identification Markings: 11	7J100W				<u>, , , , , , , , , , , , , , , , , , , </u>		
(Examples: 1A1/Y1.4/150/92/US	A/RB/93/RL, UN31H1/Y0493/US	SA/M9339/10800/1200	DOT - 105A - 1	00W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)		
26b. For Non-bulk, IBC, or non-s complete the following:	pecification packaging, if i	dentification marki	ngs are incom	plete or unavailable	e, see instructions and		
Single Package or Outer Pa	ckaging:		Single Pack	age or Inner Packag	ing (if any):		
Packaging Type: N/A			Packaging T	ype: N/A			
Material of Construction: N	/A		Material of (Construction: N/A			
Head Type (Drums only):	☐ Removable	☐ Non - Remo	ovable				
27. Describe the package capaci	ty and the quantity:						
Single Package or Outer Pa			Single Pack	age or Inner Packagi	ing (if any):		
Package Capacity: 30420	Liquid Gallon	<u> </u>	Package Capacity: 0				
Amount in Package: 2893	Liquid Gallon		Amount in F	Package: 0			
Number in Shipment: 1							
Number Failed: 1			Number Failed: 0				
28. Provide packaging construct	ion and test information, a	s appropriate:					
Manufacturer: Trinity			Manufacture	e Date: 03/01/20			
Serial Number: TILX 73146	4		Last Test Da	te:			
Material of Construction: St	eel	(if Tank Ca	, CTMV, Portab	le Tank, or Cylinder)			
Design Pressure:		(if Tank Ca	(if Tank Car, CTMV, Portable Tank)				
Shell Thickness:		(if Tank Ca	(if Tank Car, CTMV, Portable Tank)				
Head Thickness:		(if Tank Ca	(if Tank Car, CTMV)				
Service Pressure:		(if Cylinder	(if Cylinder)				
If valve or device failed:							
Type: N/A	Manufacturer:		8	Model: <u>UNKN</u>	The state of the s		
29. If the packaging is for Radioa		(if present and legible the following:)	(if pres	ent and legible)		
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial		
Packaging Certification:	☐ Self Certified	U.S. Certific		Certification Number	55.00		
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Sell Certilled				19/1		
Nuclide(s) Present: N/A			port Index: N/				
Activity: N/A		Critica	al Safety Inde	x: <u>N/A</u>			
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the actio including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank Car had severe fire damage, Protective housing com	
compromised (eyebolt sheared off), BOV adapter sheared off, hole in E	end Head.
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as a procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if No additional comments.	r improvement to hazardous materials transportation beyond the
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>02/01/22</u>
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	☐ Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	A3(23,000	1.014		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclare	ed shipment with no release
		(1) received structure	ral damage to the lac	or greater containing any ha ling retention system or dam system and (2) did not have	age that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supplem	ental (follow-up) report	Additional Pages
PART II - GENER	AL INCIDENT IN	FORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (us	e 24-hour time): <u>09:53</u>	
5. Enter National Resp	onse Center Report N	umber (if applicable): <u>NA</u>		
6. If you submitted a re	eport to another Fede	ral DOT agency, ent	er the agency and	report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	de (if known): 76373
Street Address/Mile	Marker/Yardname/Ai	rport/Body of Water/	River Mile 154.97	35 St	\$0 9
8. Mode of Transporta	tion	Air	☐ Highway	X Rail	Water
9. Transportation Phas	se 🛚	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rails	vay Company	P-20000 \$100M	. 10 mWr	0.000
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nun	nber <u>281683</u>	Ha	zmat Registration Numb	er <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford Et	hanol Partners LP			
100000000000000000000000000000000000000	Street 4300 Count	Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping Pa	aper 2617-01-07-18.	51.08.612022 Ha	zmat Registration Numb	er Unavailable
12. Origin	Street Same as sh	ipper			
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
	City Fort Worth			State TX	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	erial: Alcohols N.O.S	S, 3, II	27 100 100 200	57 303
15. Technical/Trade Na	me: Ethanol				
16. Hazardous Class/ Division: 3	Numb	ication er: <u>1987</u> N2764, NA 2020)	18. Packing Group: (if applic	<u> </u>	9. Quantity Liquid Released: 15,465 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardous	waste? Yes	☑ No If yes	, provide the EPA Manife	est Number:
21. Is this a Toxic by In	halation (TIH) materia	1? Yes	No If yes	, provide the Hazard Zon	e:
22. Was the material sl	nipped under an Exem	ption, Approval, or (Competent Author	ity Certificate?	es 🗵 No
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl	G 10 545 9			□ Y	es 🛛 No
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PART III - PACKAGING IN	FORMATION					
24. Check Packaging Type (check o	only one - if more than one,	list type of packagin	ng, copy Part III, and comple	ete for each type:		
☐ Non-bulk	☐ IBC	☐ Cargo tank Mot	tor Vehicle (CTMV)	▼ Tank Car		
☐ Cylinder	RAM	Portable Tank		Other N/A		
25. See instructions and enter the a that corresponds to the particu Enter the most important failur	lar packaging type checked	above. Enter the nu	umber of codes as appropria	ate to describe the incident.		
1. What Failed: 150	How Failed:	309	Causes of Failure	509		
2. What Failed:	How Failed:	:	Causes of Failure	·		
26a. Provide the packaging identifi	cation markings, if availabl	e.				
Identification Markings: 117J1	100W					
(Examples: 1A1/Y1.4/150/92/USA/F	RB/93/RL, UN31H1/Y0493/USA/N	M9339/10800/1200, DO	T - 105A - 100W (RAIL), DOT 406	(HIGHWAY), DOT 51, DOT 3-A)		
26b. For Non-bulk, IBC, or non-spe complete the following:	cification packaging, if iden	ntification markings	are incomplete or unavailab	ole, see instructions and		
Single Package or Outer Pack	aging:	Si	ngle Package or Inner Packa	iging (if any):		
Packaging Type: N/A		Pa	ckaging Type: N/A			
Material of Construction: N/A		Ma	aterial of Construction: N/A			
Head Type (Drums only):	Removable	☐ Non - Removab	ole			
27. Describe the package capacity	and the quantity:					
Single Package or Outer Pack	aging:	Sir	ngle Package or Inner Packa	ging (if any):		
Package Capacity: 30430	Liquid Gallon					
Amount in Package: 28955	Liquid		150 K A H	£: \$2		
Number in Shipment: 1						
Number Failed: 1				9)		
28. Provide packaging construction	n and test information, as a					
Manufacturer: Trinity		Ma	anufacture Date: 03/01/20			
Serial Number: TILX 731426		La	st Test Date:			
Material of Construction: Stee	I	(if Tank Car, CT	MV, Portable Tank, or Cylinder)			
Design Pressure:		(if Tank Car, CT				
Shell Thickness:		(if Tank Car, CT				
Head Thickness:		(if Tank Car, CT	(if Tank Car, CTMV)			
Service Pressure:						
If valve or device failed:						
Type: N/A	Manufacturer: UN	THE RESERVE OF THE PROPERTY.	Model: UNI	STATE OF THE PROPERTY OF THE P		
29. If the packaging is for Radioact	W 0*	resent and legible) following:	(if pro	esent and legible)		
Packaging Category:	☐ Type A	☐ Type B ☐	Type C Excepted	☐ Industrial		
Packaging Certification:	☐ Self Certified	U.S. Certification	on Certification Numb	er N/A		
Nuclide(s) Present: N/A		Transport	Index: N/A			
Activity: N/A		Critical Sa	afety Index: N/A			
Form DOT F 5800.1 (01-2004)		Page 2	Reprodu	action of this form is permitted		

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank Car had severe fire damage, hole in right side bottom housing compromised, BOV adapter sheared off.	
nousing compromised, boy adapter sheared on.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if r	r improvement to hazardous materials transportation beyond the
No additional comments.	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: () Hazmat Registration Number (if not already provided):
Business Name and Address: BNSF Railway Company 2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>02/01/22</u>
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	8,3(2,000)	1794		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclar	ed shipment with no release
		(1) received structure	ral damage to the la	s or greater containing any h ding retention system or dar system and (2) did not have	nage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A suppler	mental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	FORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (u	se 24-hour time): <u>09:53</u>	
5. Enter National Resp	onse Center Report N	umber (if applicable): <u>NA</u>		
6. If you submitted a re	eport to another Fede	ral DOT agency, ente	er the agency and	d report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	ode (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/Ai	rport/Body of Water/	River Mile 154.9	7	· · · · · · · · · · · · · · · · · · ·
8. Mode of Transporta	tion 🔲	Air	☐ Highway	☑ Rail	☐ Water
9. Transportation Phas	se 🛚	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Raily	vay Company	50m059 \$3908	,70m94P 95 ⁷⁰ 0	150-755
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nun	nber <u>281683</u>	н	azmat Registration Numb	per <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford Et	hanol Partners LP			
	Street 4300 Count	Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping Pa	per <u>9553-01-07-18.</u>	51.08.692022 H	azmat Registration Numb	per <u>Unavailable</u>
12. Origin	Street Same as sh	ipper			
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
	City Fort Worth			State TX	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	erial: Alcohols N.O.S	S, 3, II	7. 100 TO SECTION 2.	2 1 111 11 25 101 11
15. Technical/Trade Na	me: Ethanol	4 Sept 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	97		
16. Hazardous Class/ Division: 3	Numb	ication er: <u>1987</u> N2764, NA 2020)	18. Packin Group (if appli	: <u>II</u>	19. Quantity Liquid Released: 19,297 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardous	waste? Yes	No If ye	s, provide the EPA Manif	est Number:
21. Is this a Toxic by In	halation (TIH) materia	1? Yes	X No If ye	s, provide the Hazard Zor	ne:
22. Was the material sl	nipped under an Exem	ption, Approval, or 0	Competent Autho	rity Certificate?	∕es ⊠ No
If yes, provide the E	exemption, Approval,	or CA number:	1700	σκ <u>2. </u>	entabers common electric
23. Was this an undecl	G 10 545 9				∕es ⊠ No
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PART III - PACKAGING	INFORMATION					
24. Check Packaging Type (che	ck only one - if more than on	e, list type of packaging, copy Par	t III, and complete for each type:			
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor Vehicle (CTMV) 🗵 Tank Car			
☐ Cylinder	RAM	☐ Portable Tank	☐ Other <u>N/A</u>			
that corresponds to the par	ticular packaging type check		ns. Be sure to enter the codes from the list des as appropriate to describe the incident. provide in this format in part VI.			
1. What Failed: <u>137</u>	How Faile	ed: <u>312</u> C	auses of Failure: 509			
2. What Failed: 121	How Faile	ed: <u>308</u> C	auses of Failure: <u>512</u>			
26a. Provide the packaging identification markings, if available.						
Identification Markings: 1	17J100W					
(Examples: 1A1/Y1.4/150/92/U	SA/RB/93/RL, UN31H1/Y0493/US	A/M9339/10800/1200, DOT - 105A - 100	W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non complete the following:	-specification packaging, if id	entification markings are incompl	ete or unavailable, see instructions and			
Single Package or Outer F	Packaging:	Single Packag	e or Inner Packaging (if any):			
Packaging Type: N/A	*	Packaging Typ	e: N/A			
Material of Construction:	N/A	Material of Co	nstruction: N/A			
Head Type (Drums only):	Removable	☐ Non - Removable				
27. Describe the package capa	city and the quantity:					
Single Package or Outer I	Packaging:	Single Package	e or Inner Packaging (if any):			
Package Capacity: 3036	Liquid 60 Gallon	Package Capac	eity: 0			
Amount in Package: 289	Liquid		skage: 0			
5 5			pment: 0			
			l: <u>0</u>			
28. Provide packaging constru	ction and test information, as	appropriate:				
Manufacturer: N/A		Manufacture D	late: 10/01/20			
Serial Number: TILX 7317	48	Last Test Date:				
Material of Construction:	Steel	(if Tank Car, CTMV, Portable	Tank, or Cylinder)			
Design Pressure:		(if Tank Car, CTMV, Portable	(if Tank Car, CTMV, Portable Tank)			
Shell Thickness:		(if Tank Car, CTMV, Portable	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car, CTMV)	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	Manufacturer: \(\frac{1}{2} \)	100 miles 100 mi	Model: UNKNOWN			
29. If the packaging is for Radio		f present and legible) he following:	(if present and legible)			
Packaging Category:	☐ Type A	☐ Type B ☐ Type C	☐ Excepted ☐ Industrial			
Packaging Certification:	☐ Self Certified		rtification Number N/A			
Nuclide(s) Present: N/A	_	Transport Index: N/A	######################################			
Activity: N/A		Critical Safety Index: N/A	N/A			
	·					
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank Car had severe fire damage, manway compromised	
off), BOV adapter sheared off.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac	
procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if r	r improvement to hazardous materials transportation beyond the
No additional comments.	
PART VIII- CONTACT INFORMATION	
	Telephone Number: ()
Contact's Name (Type or Print): Paul Hester Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: 02/03/22
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	☐ Other
Form DOT F 5800.1 (01-2004) Page	4 Reproduction of this form is permitted



Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE					
1. This is to report:	×	A) A hazardous mater	ial incident	B) An undecla	ared shipment with no release	
		(1) received structure	ral damage to the la	s or greater containing any ding retention system or da system and (2) did not hav	amage that requires repair to a system	
2. Indicate whether this	s is:	An initial report	☐ A suppler	nental (follow-up) report	Additional Pages	
PART II - GENER	AL INCIDENT I	NFORMATION				
3. Date of Incident: 01	08/22	4. Ti	me of Incident (u	se 24-hour time): <u>09:5</u>	3	
5. Enter National Resp	onse Center Report I	Number (if applicable): <u>NA</u>			
6. If you submitted a re	eport to another Fed	eral DOT agency, ent	er the agency and	d report number:		
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP (Code (if known): <u>76373</u>	
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile <u>154.97</u>	7	\$0 9 3	
8. Mode of Transporta	tion 🔲	Air	☐ Highway	X Rail	☐ Water	
9. Transportation Phas	e 🗵	In Transit	Loading	☐ Unloading	n Transit Storage	
10. Carrier/Reporter	Name BNSF Rail	way Company	P-2000000 1002500	- 1000 Mer		
	Street 2500 Lou M	1enk Drive				
	City Fort Worth		170000	State TX	ZIP Code 76131	
	Federal DOT ID Nu	mber <u>281683</u>	н	azmat Registration Num	nber <u>062615552003XZ</u>	
11. Shipper/Offeror	Name Hereford E	thanol Partners LP				
	Street 4300 Coun	ty Road 8			2	
	City Hereford			State TX	ZIP Code 79045	
	Waybill/Shipping F	aper <u>Unavailable</u>	н	azmat Registration Num	nber <u>Unavailable</u>	
12. Origin	Street Same as s	hipper			8	
(if different from shipper address)					ZIP Code	
13. Destination	Street 5101 Lone	Star Blvd				
	City Fort Worth			State TX	ZIP Code 76101	
14. Proper Shipping Na	ame of Hazardous Ma	aterial: Alcohols N.O.S	S, 3 ,II	VI COLOR MANAGEMENT	55 5 60 60 60 60 60 60 60 60 60 60 60 60 60	
15. Technical/Trade Na	me: Ethanol					
16. Hazardous Class/ Division: 3	17. Ident	ification ber: <u>1987</u> JN2764, NA 2020)	18. Packin Group: (if appli	<u> II</u>	19. Quantity Liquid Released: 26,258 Gallon (Include Measurement Units)	
20. Was the material sl	nipped as a hazardou	s waste? Yes	No If ye	s, provide the EPA Man	ifest Number:	
21. Is this a Toxic by In	21. Is this a Toxic by Inhalation (TIH) material? Yes No If yes, provide the Hazard Zone:					
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?						
	xemption, Approval,		* ************************************	2× 5.7.8	100/miles 25—60 195399	
23. Was this an undecl					Yes 🛚 No	
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PART III - PACKAGING I	NFORMATION					
24. Check Packaging Type (check	k only one - if more than o	one, list type of packaging, copy Part III, and con	nplete for each type:			
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor Vehicle (CTMV)	▼ Tank Car			
☐ Cylinder	RAM	☐ Portable Tank	Other N/A			
that corresponds to the partic	cular packaging type chec	es found at the end of the instructions. Be sure t ked above. Enter the number of codes as appro a are more than two failure points, provide in th	priate to describe the incident.			
1. What Failed: 150	How Fa	iled: 309 Causes of Fai	lure: <u>509</u>			
2. What Failed:	How Fa	iled: Causes of Fai	lure:			
26a. Provide the packaging ident	tification markings, if avai	lable.				
Identification Markings: 117	7J100W					
(Examples: 1A1/Y1.4/150/92/US/	A/RB/93/RL, UN31H1/Y0493/U	SA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT	406 (HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-sponsor complete the following:	pecification packaging, if i	identification markings are incomplete or unava	ilable, see instructions and			
Single Package or Outer Pa	ckaging:	Single Package or Inner Pa	ackaging (if any):			
Packaging Type: N/A		Packaging Type: N/A				
Material of Construction: N/	'A	Material of Construction: N	I/A			
Head Type (Drums only):	Removable	☐ Non - Removable				
27. Describe the package capacit	ty and the quantity:					
Single Package or Outer Pa	ckaging:	Single Package or Inner Pa	ckaging (if any):			
Package Capacity: 30380	Liquid Gallon	Package Capacity: 0				
Amount in Package: 28934	Liquid Gallon					
Number in Shipment: 1		Number in Shipment: 0				
Number Failed: 1						
28. Provide packaging constructi	ion and test information, a	as appropriate:				
Manufacturer: N/A		Manufacture Date: 10/01/2	20			
Serial Number: TILX 73175	4	Last Test Date:				
Material of Construction: Ste	eel	(if Tank Car, CTMV, Portable Tank, or Cylin	(if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Shell Thickness:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car, CTMV)	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	Manufacturer:		UNKNOWN			
29. If the packaging is for Radioa	active Materials, complete		if present and legible)			
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Except	ted Industrial			
Packaging Certification:	☐ Self Certified	☐ U.S. Certification Certification No.	umber N/A			
Nuclide(s) Present: N/A	Nuclide(s) Present: N/A Transport Index: N/A					
Activity: N/A		Critical Safety Index: N/A				
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first		-	ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2020 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank Car had severe fire damage, puncture in AR tank she sheared off, skid damaged	
Sheared on, Skid damaged	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if it	r improvement to hazardous materials transportation beyond the
No additional comments.	iecessaly.
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number:_()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131 E-mail Address:	062615552003XZ Date: 02/03/22
Preparer is: Carrier Shipper Facility	□ Other
Form DOT F 5800.1 (01-2004) Page	
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5,3773,575	1,758		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclar	ed shipment with no release
		(1) received structure	ral damage to the la	s or greater containing any h ading retention system or dan n system and (2) did not have	mage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supple	mental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (u	se 24-hour time): <u>09:53</u>	
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>NA</u>		
6. If you submitted a r	eport to another Fede	eral DOT agency, ente	er the agency an	d report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	ode (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile 154.9	7	*
8. Mode of Transporta	tion 🔲	Air	☐ Highway	Rail	☐ Water
9. Transportation Phas	se 🛛	In Transit	Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	92-35 1392	Storester 8440	150 950
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nur	nber <u>281683</u>	F	lazmat Registration Numl	per <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping P	aper <u>9703-01-07-18.</u>	51.08.682022 H	lazmat Registration Numl	per <u>Unavailable</u>
12. Origin	Street Same as sh	nipper			
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
ALTO STATE PARTY STATE OF THE S				1 1 2 1 1 1 2 1 1 2 1 2 1	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	14 o a dia d'Unifertos	2 3.000 - 1.5 - 27 700 - 1
15. Technical/Trade Na			30		
16. Hazardous Class/ Division: 3	17. Identi	fication per: <u>1987</u> N2764, NA 2020)	18. Packin Group (if appl	: <u>II</u>	19. Quantity Liquid Released: 21,758 Gallon (Include Measurement Units)
20. Was the material sl	hipped as a hazardous	s waste? Yes	☑ No If ye	es, provide the EPA Manif	est Number:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	X No If ye	es, provide the Hazard Zoi	ne:
22. Was the material sl	hipped under an Exen	nption, Approval, or (Competent Author	rity Certificate?	Yes X No
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl		STATE OF THE STATE			Yes 🗵 No
E DOTE FOR COR	00041			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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PART III - PACKAGING II	NFORMATION					
24. Check Packaging Type (check	only one - if more than o	one, list type of packaging, copy Part III, and co	mplete for each type:			
☐ Non-bulk	□ IBC	☐ Cargo tank Motor Vehicle (CTMV)	☑ Tank Car			
☐ Cylinder	RAM	☐ Portable Tank	Other N/A			
that corresponds to the partic	ular packaging type chec	es found at the end of the instructions. Be sure ked above. Enter the number of codes as appr e are more than two failure points, provide in the	opriate to describe the incident.			
1. What Failed: 121	How Fa	iled: 308 Causes of Fa	ilure: <u>512</u>			
2. What Failed:	How Fa	iled: Causes of Fa	ilure:			
26a. Provide the packaging identi	fication markings, if avai	lable.				
Identification Markings: 117,						
POWER CONTROL OF CONTR		SA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DO	T 406 (HIGHWAY). DOT 51. DOT 3-A)			
		dentification markings are incomplete or unav				
Single Package or Outer Pac	kaging:	Single Package or Inner F	Packaging (if any):			
Packaging Type: N/A	•	Packaging Type: N/A				
Material of Construction: N/A	A	Material of Construction:	N/A			
Head Type (Drums only):	☐ Removable	☐ Non - Removable				
27. Describe the package capacity	and the quantity:					
Single Package or Outer Pac	kaging:	Single Package or Inner P	ackaging (if any):			
Package Capacity: 30360	Liquid					
Amount in Package: 28916	Liquid		: :			
Number in Shipment: 1		10				
Number Failed: 1			9)			
DR-40 AX 9301 BR 93 1 750	1					
28. Provide packaging construction	on and test information, a	as appropriate:				
Manufacturer: N/A		Manufacture Date: 10/01/	20			
Serial Number: TILX 731717		Last Test Date:				
Material of Construction: Ste	el	(if Tank Car, CTMV, Portable Tank, or Cylin				
Design Pressure:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Shell Thickness:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car, CTMV)	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	Manufacturer:	UNKNOWN Model:	UNKNOWN			
29. If the packaging is for Radioac	ctive Materials, complete	(if present and legible) the following:	(if present and legible)			
	752					
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Excep	THE SECOND STANDS			
Packaging Certification:	☐ Self Certified	U.S. Certification Certification N	lumber N/A			
Nuclide(s) Present: N/A		Transport Index: N/A				
Activity: N/A		Critical Safety Index: N/A	9			
Form DOT F 5800.1 (01-2004)		Page 2 Ren	production of this form is permitted			

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first		-	ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank Car had severe fire damage, Protective housing com	
sheared off, Manway gasket burned out.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac	
procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if r	r improvement to hazardous materials transportation beyond the
No additional comments.	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address: Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	Date: 02/03/22
Garner Gampler Gracinty	
Form DOT F 5800.1 (01-2004)	4 Reproduction of this form is permitted



Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5,3773,575	1,554		
1. This is to report:	×	A) A hazardous mater	ial incident	B) An undeclar	red shipment with no release
		(1) received structure	ral damage to the la	ns or greater containing any h ading retention system or dan n system and (2) did not have	mage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supple	mental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	FORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (u	use 24-hour time): 09:53	3
5. Enter National Resp	onse Center Report I	lumber (if applicable): <u>NA</u>		
6. If you submitted a r	eport to another Fede	eral DOT agency, ente	er the agency an	d report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP C	ode (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile 154.9	7	
8. Mode of Transporta	tion 🔲	Air	☐ Highway	X Rail	☐ Water
9. Transportation Phas	se 🛚	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	52-65 1392	.75m90? 5470	100, 900
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code <u>76131</u>
	Federal DOT ID Nur	nber <u>281683</u>	F	lazmat Registration Num	ber <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping P	aper <u>9621-01-07-18.</u>	51.08.682022 H	lazmat Registration Num	ber <u>Unavailable</u>
12. Origin	Street Same as sl	nipper			
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
The state of the s					ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	11 1 m 11 a fragation 2	2 · III · (1 · 5 · III · (1 · 2 · III · (1 · 1 · III · II · II · II · I
15. Technical/Trade Na			30		
16. Hazardous Class/ Division: 3	17. Identi	fication per: <u>1987</u> N2764, NA 2020)	18. Packin Group (if appl	: <u>II</u>	19. Quantity Liquid Released: 28,935 Gallon (Include Measurement Units)
20. Was the material sl	hipped as a hazardou	s waste? Yes	☑ No If ye	es, provide the EPA Manif	fest Number:
21. Is this a Toxic by Inhalation (TIH) material?					
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl		STATE OF THE STATE			Yes 🛛 No
Form DOT F 5000 4 /04	2004)	200 C C C C C C C C C C C C C C C C C C	D 1	D	duction of this form is permitted
Form DOT F 5800.1 (01	-2004/		Page 1	nepro	auction of this form is permitted

PART III - PACKAGING IN	FORMATION						
24. Check Packaging Type (check o	nly one - if more than one,	list type of pack	aging, copy	Part III, and complete	e for each type:		
☐ Non-bulk	☐ IBC	☐ Cargo tank	Motor Vehic	le (CTMV)	▼ Tank Car		
☐ Cylinder	RAM	☐ Portable Ta	nk		Other N/A		
25. See instructions and enter the a that corresponds to the particul Enter the most important failure	ar packaging type checked	above. Enter th	e number of	codes as appropriate	e to describe the incident.		
1. What Failed: 149	How Failed:	309	. —	Causes of Failure:	509		
2. What Failed: 106	How Failed:	312		Causes of Failure:	509		
26a. Provide the packaging identific	cation markings, if available	e.					
Identification Markings: 117J1	00W						
(Examples: 1A1/Y1.4/150/92/USA/R	B/93/RL, UN31H1/Y0493/USA/N	/19339/10800/1200	, DOT - 105A -	100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)		
26b. For Non-bulk, IBC, or non-spec	cification packaging, if iden	tification marki	ngs are inco	mplete or unavailable	e, see instructions and		
Single Package or Outer Package	aging:		Single Pac	kage or Inner Packag	ing (if any):		
Packaging Type: N/A			Packaging	Type: N/A			
Material of Construction: N/A			Material of	Construction: N/A			
Head Type (Drums only):	Removable	☐ Non - Remo	ovable				
27. Describe the package capacity a	and the quantity:						
Single Package or Outer Package	aging:		Single Paci	kage or Inner Packagi	ing (if any):		
Package Capacity: 30340	Liquid Gallon		Package Ca	apacity: 0			
Amount in Package: 28935	Liquid		Amount in	Package: 0	2.		
S	Number in Shipment: 1			-	20		
Number Failed: 1					9		
28. Provide packaging construction							
Manufacturer: N/A			Manufactu	re Date: 10/01/20			
Serial Number: N/A			Last Test D	ate:	<u>.</u>		
Material of Construction: Stee		(if Tank Ca	r, CTMV, Porta	ble Tank, or Cylinder)			
Design Pressure:		(if Tank Ca	r, CTMV, Porta	ble Tank)			
Shell Thickness:		(if Tank Ca	r, CTMV, Porta	able Tank)			
Head Thickness:		(if Tank Ca					
Service Pressure:							
If valve or device failed:							
Type: N/A	Manufacturer: UN	KNOWN		Model: UNKN	NOWN		
29. If the packaging is for Radioacti	W 18	resent and legible following:	•)	(if pres	ent and legible)		
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial		
Packaging Certification:	☐ Self Certified	☐ U.S. Certific		Certification Numbe			
With the second state of the second s					-		
Nuclide(s) Present: N/A		102.773	port Index: N				
Activity: N/A		Critica	al Safety Inde	ex:N/A			
Form DOT F 5800.1 (01-2004)		Page 2		Reproduc	tion of this form is permitted		

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		W.
	☐ Transported by air (first		-	ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE FA	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mit necessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank car had severe fire damage, hole in head and shell, B	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ad procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if r No additional comments.	r improvement to hazardous materials transportation beyond the
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131 E-mail Address:	062615552003XZ
Preparer is:	Date: 02/03/22
Carrier _ Snipper _ Facility	Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	N. 16/2 (2002)	1.014		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclare	d shipment with no release
		(1) received structure	ral damage to the lac	or greater containing any ha ding retention system or dam system and (2) did not have	age that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supplem	nental (follow-up) report	■ Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION			
3. Date of Incident: 01/	08/22	4. Ti	me of Incident (us	e 24-hour time): 09:53	
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>N</u> A		
6. If you submitted a re	eport to another Fede	ral DOT agency, ente	er the agency and	report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	de (if known): 76373
Street Address/Mile	Marker/Yardname/Ai	rport/Body of Water/	River Mile 154.97		*
8. Mode of Transporta	tion 🔲	Air	☐ Highway	Rail	☐ Water
9. Transportation Phas	e 🗵	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Raily	vay Company	90m35 \$390	.75m=940 84700	0.45
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nun	nber <u>281683</u>	Ha	azmat Registration Numb	er <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford Et	hanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping Pa	aper <u>6239-01-07-18.</u>	51.08.512022 Ha	azmat Registration Numb	er <u>Unavailable</u>
12. Origin	Street Same as sh	ipper			
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
The state of the s					ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	No. v. do. 111 de la companyo del companyo del companyo de la comp	2 (4)
15. Technical/Trade Na		9	39 S		
16. Hazardous Class/ Division: 3	17. Identii Numb	fication er: <u>1987</u> N2764, NA 2020)	18. Packing Group: (if applic	II	9. Quantity Liquid Released: 19,447 Gallon (Include Measurement Units)
20. Was the material sh	nipped as a hazardous	waste? Yes	No If yes	, provide the EPA Manife	st Number:
21. Is this a Toxic by Inhalation (TIH) material?					
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl	67 10 545 10			□ Y	es 🛛 No
Form DOT F 5800.1 (01	-2004)		Page 1	Reprod	uction of this form is permitted

PART III - PACKAGING I	NFORMATION						
24. Check Packaging Type (check	only one - if more than	one, list type of p	ackaging, copy Part III, and c	omplete for each type:			
☐ Non-bulk	☐ IBC	☐ Cargo ta	ank Motor Vehicle (CTMV)	▼ Tank Car			
☐ Cylinder	RAM	Portable	Tank	Other N/A			
25. See instructions and enter the that corresponds to the partic Enter the most important fail	cular packaging type che	cked above. Ente	r the number of codes as app	propriate to describe the incident.			
1. What Failed: 121	How Fa	ailed: 308	Causes of F	ailure: <u>512</u>			
2. What Failed:	How Fa	niled:	Causes of F	ailure:			
26a. Provide the packaging ident	ification markings, if ava	ilable.					
Identification Markings: 117	J100W						
(Examples: 1A1/Y1.4/150/92/USA	VRB/93/RL, UN31H1/Y0493/U	JSA/M9339/10800/1	200, DOT - 105A - 100W (RAIL), D	OT 406 (HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-sp complete the following:	pecification packaging, if	identification ma	arkings are incomplete or una	vailable, see instructions and			
Single Package or Outer Pa	ckaging:		Single Package or Inner	Packaging (if any):			
Packaging Type: N/A			Packaging Type: N/A				
Material of Construction: N/	A		Material of Construction	: <u>N/A</u>			
Head Type (Drums only):	☐ Removable	□ Non - Re	emovable				
27. Describe the package capacit	y and the quantity:						
Single Package or Outer Pa	ckaging:		Single Package or Inner	Packaging (if any):			
	Liquid Gallor						
Amount in Package: 28938	Liquid		· · · · —				
Number in Shipment: 1			(a)				
Number Failed: 1							
28. Provide packaging constructi	V 88		SESSION TO COMPANY OF THE SESSION OF				
Manufacturer: N/A	on and toot information,	as appropriate.	Manufacture Date: 10/0	1/20			
Serial Number: N/A			Last Test Date:	1/20			
2000 200 200 200 200 200 200 200 200 20	aal	(;fTl		Ended			
Design Pressure:	A35-2	00000000000000000000000000000000000000	Car, CTMV, Portable Tank, or Cy Car, CTMV, Portable Tank)	illidel/			
Shell Thickness:			(Car, CTMV, Portable Tank)				
Head Thickness:							
Service Pressure:							
If valve or device failed:		- (ii Cylli	idel/				
Type: N/A	Manufacturer	UNKNOWN	Mode	I: UNKNOWN			
10. T. C.	- Annual Control of the Control of t	(if present and leg	201-2010A	(if present and legible)			
29. If the packaging is for Radioa	ctive Materials, complete	e the following:					
Packaging Category:	☐ Type A	☐ Type B	☐ Type C ☐ Exce	epted Industrial			
Packaging Certification:	☐ Self Certified	U.S. Cer	tification Certification	Number N/A			
Nuclide(s) Present: N/A		Tr	ansport Index: N/A				
Activity: N/A		Cr	itical Safety Index: N/A	9			
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		W.
	☐ Transported by air (first		-	ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE	FAILURE
Describe the sequence of events that led to the incident and the acti including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to necessary.	
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars caught fire. Tank Car had severe fire damage, manway gasket burne	
PART VII - RECOMMENDATIONS/ACTIONS TAKE	N TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as a procedures) to help prevent recurrence. Provide recommendations f control of your individual company. Continue on additional sheets if No additional comments.	or improvement to hazardous materials transportation beyond the
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: (
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company 2600 Lou Menk Drive, Fort Worth, Texas 76131	Hazmat Registration Number (if not already provided): 062615552003XZ
E-mail Address:	Date: 02/03/22
Preparer is: Carrier Shipper Facility	
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

1. This is to report: A) A hazardous material incident B) An undeclared shipment with no release C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release. 2. Indicate whether this is: An initial report A supplemental (follow-up) report Additional Pages PART II - GENERAL INCIDENT INFORMATION					
(1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release. 2. Indicate whether this is: An initial report A supplemental (follow-up) report Additional Pages PART II - GENERAL INCIDENT INFORMATION					
PART II - GENERAL INCIDENT INFORMATION					
A 77 (1 11 - 0 170 170 170 170 170 170 170 170 170 1					
3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53					
5. Enter National Response Center Report Number (if applicable): NA					
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:					
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373					
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97					
8. Mode of Transportation					
9. Transportation Phase 🗵 In Transit 🗆 Loading 🗎 Unloading 🗖 n Transit Storage					
10. Carrier/Reporter Name BNSF Railway Company					
Street 2500 Lou Menk Drive					
City Fort Worth State TX ZIP Code 76131					
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ					
11. Shipper/Offeror Name Hereford Ethanol Partners LP					
Street 4300 County Road 8					
City Hereford State TX ZIP Code 79045					
Waybill/Shipping Paper 2775-01-07-18.51.08.602022 Hazmat Registration Number Unavailable					
12. Origin Street Same as shipper					
(if different from shipper address) City State ZIP Code					
13. Destination Street 5101 Lone Star Blvd					
City Fort Worth State TX ZIP Code 76101					
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S, 3, II					
15. Technical/Trade Name: Ethanol					
16. Hazardous Class/ 17. Identification 18. Packing 19. Quantity Liquid Released: 28,930 Gallon (Include Measurement Units)					
20. Was the material shipped as a hazardous waste? Yes No If yes, provide the EPA Manifest Number:					
21. Is this a Toxic by Inhalation (TIH) material?					
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undeclared hazardous materials shipment?					
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PART III - PACKA	GING INFORMATI	ON					
24. Check Packaging Typ	pe (check only one - if me	ore than one, list	type of packa	ging, copy	Part III, and complet	e for each type:	
☐ Non-bulk	☐ IBC		Cargo tank N	Notor Vehicl	e (CTMV)	▼ Tank Car	
☐ Cylinder	RAM		Portable Tan	k		Other N/A	
that corresponds to	A transfer of the second section secti	type checked abo	ove. Enter the	number of	codes as appropriat	er the codes from the list e to describe the incident. mat in part VI.	
1. What Failed:	150	How Failed:	308		Causes of Failure:	509	
2. What Failed:	150	How Failed:	309	n 	Causes of Failure:	509	
26a. Provide the packag	ing identification markin	gs, if available.					
Identification Marki	ings: <u>117J100W</u>						
(Examples: 1A1/Y1.4/1	50/92/USA/RB/93/RL, UN31F	H1/Y0493/USA/M93	39/10800/1200,	DOT - 105A -	100W (RAIL), DOT 406 ((HIGHWAY), DOT 51, DOT 3-A)	
26b. For Non-bulk, IBC, complete the follow	or non-specification pack ving:	kaging, if identific	cation markin	gs are incor	nplete or unavailable	e, see instructions and	
Single Package or (Outer Packaging:			Single Pack	kage or Inner Packag	jing (if any):	
Packaging Type: N	I/A		_	Packaging 1	Гуре: <u>N/A</u>	- 101 -	
Material of Constru	ction: N/A		_	Material of	Construction: N/A	,	
Head Type (Drums	only): Remova	able 🔲	Non - Remov	/able			
27. Describe the package	e capacity and the quant	ity:					
Single Package or (Outer Packaging:			Single Pack	age or Inner Packag	ing (if any):	
Package Capacity:	30280	Liquid Gallon	Package Capacity: 0				
Amount in Package: 28930 Gallon				Amount in	Package: 0		
Number in Shipment: 1				Number in	Shipment: 0		
Number Failed: 1				Number Fa	iled: <u>0</u>		
28. Provide packaging co	onstruction and test info	rmation, as appre	opriate:				
Manufacturer: N/A	Č		_	Manufactur	e Date: 12/01/15		
Serial Number: N/A	Λ		_	Last Test Da	ate:		
Material of Constru	ction: Steel		(if Tank Car,	CTMV, Portal	ble Tank, or Cylinder)		
Design Pressure:			(if Tank Car,	CTMV, Porta	ble Tank)		
Shell Thickness:			(if Tank Car, CTMV, Portable Tank)				
Head Thickness:			(if Tank Car, CTMV)				
Service Pressure:			(if Cylinder)				
If valve or device fa	iled:						
Type: N/A	Man	ufacturer: UNKN	OWN		Model: UNK	NOWN	
29. If the packaging is fo	or Radioactive Materials,	800 00	ent and legible) lowing:		(if pres	sent and legible)	
Packaging Category	y: Type A		Type B	☐ Type C	☐ Excepted	☐ Industrial	
Packaging Certifica			U.S. Certifica	100	Certification Numbe	er N/A	
	N/A	elektrika.		ort Index: N		20	
Activity: N/A	DVA.			Safety Inde			
				· Process)	
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u> :	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		W.
	☐ Transported by air (first		-	ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank car had severe fire damage, BR hole in shell, BOV ac	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if it No additional comments.	r improvement to hazardous materials transportation beyond the
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company 2600 Lou Monk Drive Fort Worth Toyes 76131	Hazmat Registration Number (if not already provided): 062615552003XZ
2600 Lou Menk Drive, Fort Worth, Texas 76131 E-mail Address:	Date: 02/03/22
Preparer is:	Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5,577,5779	1008		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undecla	ared shipment with no release
		(1) received structure	ral damage to the la	ns or greater containing any ading retention system or da n system and (2) did not hav	amage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supple	mental (follow-up) report	■ Additional Pages
PART II - GENER	AL INCIDENT IN	FORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (u	use 24-hour time): <u>09:5</u>	3
5. Enter National Resp	onse Center Report N	Number (if applicable): <u>NA</u>		
6. If you submitted a re	eport to another Fede	eral DOT agency, ente	er the agency an	d report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP 0	Code (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile 154.9	7	8 -
8. Mode of Transporta	tion 🔲	Air	☐ Highway	Rail	☐ Water
9. Transportation Phas	se 🛛	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	SC-35 12928	500090 SAPRO	100 H25
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nur	mber <u>281683</u>	P	lazmat Registration Num	nber <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping P	aper <u>6335-01-07-18.</u>	51.08.512022 H	lazmat Registration Num	nber <u>Unavailable</u>
12. Origin	Street Same as sh	nipper			
(if different from shipper address)		1-1			ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
Will be with the control of the cont	- III			1112 1112	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	6, 3, II	Control of the State of the Sta	25 4 7 11 11 27 27 48 11 2
15. Technical/Trade Na			59		
16. Hazardous Class/ Division: 3	17. Identi	fication per: <u>1987</u> JN2764, NA 2020)	18. Packir Group (if appl	: N/A	19. Quantity Solid Released: 28,937 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardous	s waste? Yes	■ No If year	es, provide the EPA Man	fest Number:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	☑ No If ye	es, provide the Hazard Zo	one:
22. Was the material sl	nipped under an Exen	nption, Approval, or (Competent Author	ority Certificate?	Yes X No
The second secon	exemption, Approval,			94 S 	990-88690 55
23. Was this an undecl		90 (0.001.00)			Yes 🛛 No
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24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type: Non-bulk	PART III - PACKAGING IN	IFORMATION					
Cylinder	24. Check Packaging Type (check o	only one - if more than one,	list type of packag	jing, copy P	art III, and complete	for each type:	
25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI. 1. What Failed: 106	☐ Non-bulk	☐ IBC	☐ Cargo tank Mo	otor Vehicle	(CTMV)	▼ Tank Car	
that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI. 1. What Failed: 106	☐ Cylinder	RAM	☐ Portable Tank			Other N/A	
2. What Failed: 121	that corresponds to the particu	lar packaging type checked	above. Enter the r	number of c	odes as appropriate	to describe the incident.	
26a. Provide the packaging identification markings, if available. Identification Markings: 1171100W (Examples: 1A1/Y1.4/15092/USA/RB/B3/RL, UN31H1/Y0493/USA/M8339/10600/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A) 26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following: Single Package or Outer Packaging:	1. What Failed: 106	How Failed:	312		Causes of Failure:	509	
Identification Markings: 117J100W (Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A) 26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following: Single Package or Outer Packaging:	2. What Failed: 121	How Failed:	: 308		Causes of Failure:	<u>512</u>	
(Examples: 1A1/Y1.4/150/92/USA/RB939/RL, UN31H1/Y0492/USA/M9339/10800/1200, DOT - 106A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A) 26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following: Single Package or Outer Packaging: Single Package or Inner Packaging (if any):	26a. Provide the packaging identif	ication markings, if available	e.				
26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following: Single Package or Outer Packaging: Single Package or Inner Packaging (if any): Packaging Type: N/A Material of Construction: N/A Head Type (Drums only): Single Package capacity and the quantity: Single Package or Outer Packaging: Single Package or Inner Packaging (if any): Single Package or Outer Packaging: Single Package or Inner Packaging (if any): Material of Construction: Any Callidary: Manufacture Packaging (if any): Single Package or Inner Packaging (if any): Single Packaging are Inner Packaging (if any): Single Packaging are Inner Packaging (if any): Manufacture Packaging (if any): Manufacture Date: 11/101/15 Last Test Date: Manufacture Date: 11/101/15 Last Test Date: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV, Portable Tank) Model: UNKNOWN (if present and legible) 29. If the packaging is for Radioactive Materials, complete the following: Packaging Category: Type A Type B Type C Excepted Industrial	Identification Markings: 117J	100W				<u>.</u>	
Single Package or Outer Packaging: Single Package or Inner Packaging (if any): Packaging Type: N/A	(Examples: 1A1/Y1.4/150/92/USA/I	RB/93/RL, UN31H1/Y0493/USA/N	M9339/10800/1200, D0	OT - 105A - 10	00W (RAIL), DOT 406 (F	HIGHWAY), DOT 51, DOT 3-A)	
Packaging Type: N/A Material of Construction: N/A Head Type (Drums only):		ecification packaging, if iden	ntification markings	s are incom	plete or unavailable	, see instructions and	
Material of Construction: N/A	Single Package or Outer Pack	aging:	S	Single Packa	ige or Inner Packagi	ing (if any):	
Head Type (Drums only):	Packaging Type: N/A	* * * * * * * * * * * * * * * * * * * *	P	ackaging Ty	/pe: N/A		
27. Describe the package capacity and the quantity: Single Package or Outer Packaging: Package Capacity: 30240	Material of Construction: N/A		N	Material of C	onstruction: N/A		
Single Package or Outer Packaging: Package Capacity: 30240	Head Type (Drums only): Removable Non - Removable						
Package Capacity: 30240 Liquid Gallon Package Capacity: 0 Amount in Package: 28937 Gallon Amount in Package: 0 Number in Shipment: 1 Number in Shipment: 0 Number Failed: 1 Number Failed: 0 8. Provide packaging construction and test information, as appropriate: Manufacturer: N/A Manufacture Date: 11/01/15 Serial Number: N/A Last Test Date: Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: (if Tank Car, CTMV, Portable Tank) Shell Thickness: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV, Portable Tank) Service Pressure: (if Cylinder) If valve or device failed: Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN (if present and legible) 29. If the packaging is for Radioactive Materials, complete the following: Packaging Category: Type A Type B Type C Excepted Industrial	27. Describe the package capacity	and the quantity:					
Amount in Package: 28937	Single Package or Outer Pack	aging:	s	Single Packa	ge or Inner Packagi	ng (if any):	
Amount in Package: 28937	Package Capacity: 30240	Liquid Gallon	Р	ackage Cap	acity: 0	**	
Number in Shipment: 1		Liquid			(h) (i)		
Number Failed: 1 Number Failed: 0 28. Provide packaging construction and test information, as appropriate: Manufacturer: N/A	S						
28. Provide packaging construction and test information, as appropriate: Manufacturer: N/A							
Serial Number: N/A Material of Construction: Steel	28. Provide packaging construction	n and test information, as ap	ppropriate:				
Material of Construction: Steel	Manufacturer: N/A		N	Manufacture	Date: 11/01/15		
Design Pressure:	Serial Number: N/A		L	ast Test Dat	re:	<u>.</u>	
Shell Thickness:	Material of Construction: Stee		(if Tank Car, C	TMV, Portabl	e Tank, or Cylinder)		
Head Thickness:	Design Pressure:		(if Tank Car, C	CTMV, Portabl	e Tank)		
Service Pressure:	Shell Thickness:		(if Tank Car, C	(if Tank Car, CTMV, Portable Tank)			
If valve or device failed: Type: N/A	Head Thickness:		(if Tank Car, C	(if Tank Car, CTMV)			
Type: N/A	Service Pressure:		(if Cylinder)				
(if present and legible) (if present and legible) 29. If the packaging is for Radioactive Materials, complete the following: Packaging Category:	If valve or device failed:						
29. If the packaging is for Radioactive Materials, complete the following: Packaging Category:	Type: N/A		**************************************		- St. Attended to the Control of the Control	The state of the s	
	29. If the packaging is for Radioact	W 02			(If prese	ent and legible <i>!</i>	
	Packaging Category:	☐ Type A	☐ Type B [☐ Type C	☐ Excepted	☐ Industrial	
	Packaging Certification:	☐ Self Certified	☐ U.S. Certificat	ion C	ertification Number	· N/A	
Nuclide(s) Present: N/A Transport Index: N/A	VP-91-01-01-01-01-01-01-01-01-01-01-01-01-01						
Activity: N/A Critical Safety Index: N/A							
Form DOT F 5800.1 (01-2004) Page 2 Reproduction of this form is permitted	Form DOT F 5000 1 (01 2004)		D 2		D	dan af ship farm in a second of	

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u>	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	949-24-5 5 month	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE F.	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mit necessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank car had severe fire damage, BOV adapter sheared, Nout.	
out.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ad	
procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if r	r improvement to hazardous materials transportation beyond the
No additional comments.	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>02/03/22</u>
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5,3773,575	1.04				
1. This is to report:	X	A) A hazardous mater	ial incident		B) An undecla	red shipment	with no release
		A specification carg (1) received structur intended to protect	ral damage to th	ne lading retention	on system or da	mage that req	terials that uires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A sup	plemental (follow	w-up) report		Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION					
3. Date of Incident: 01	/08/22	4. Ti	me of Inciden	t (use 24-hour	time): 09:53	3	
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>NA</u>				
6. If you submitted a re	eport to another Fede	eral DOT agency, ent	er the agency	and report nu	mber:		
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX	ZIP C	ode (if know	n): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	rport/Body of Water/	River Mile 15	4.97	524		
8. Mode of Transporta	tion	Air	☐ Highw	vay	Rail		Water
9. Transportation Phas	se 🛛	In Transit	☐ Loadii	ng 🔲	Unloading		n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company					
	Street 2500 Lou M						
	City Fort Worth	W. 11.		St	tate TX	ZIP Code	76131
	Federal DOT ID Nur	nber <u>281683</u>		Hazmat Regi	istration Num	ber <u>062615</u>	552003XZ
11. Shipper/Offeror	Name Hereford E	thanol Partners LP					
	Street 4300 Count	v Road 8					
	City Hereford			St	tate TX	ZIP Code	79045
	Waybill/Shipping P	aper <u>2701-01-07-18.</u>	51.08.602022	Hazmat Regi	stration Num	ber <u>Unavail</u>	able
12. Origin	Street Same as sh	nipper					8
(if different from shipper address)		Table 1			tate	ZIP Code	
13. Destination	Street 5101 Lone	Star Blvd					
	City Fort Worth			St	tate TX	ZIP Code	76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	1			
15. Technical/Trade Na	me: Ethanol						
16. Hazardous Class/ Division: 3	Numb	fication per: <u>1987</u> IN2764, NA 2020)		cking oup: <u>II</u> opplicable)			Liquid d: 18,196 Gallon Measurement Units)
20. Was the material sl	nipped as a hazardou:	s waste? Yes	X No I	f yes, provide t	the EPA Mani	fest Number	:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	X No I	f yes, provide t	the Hazard Zo	ne:	
22. Was the material sl	nipped under an Exen	nption, Approval, or (Competent Au	thority Certific	ate?	Yes 🗵	No
If yes, provide the E	xemption, Approval,	or CA number:		**	W05	202-201 M	
23. Was this an undecl	ared hazardous mate	rials shipment?				Yes 🛚	No
Form DOT F 5800.1 (01	-2004)		Page 1		Repro	duction of th	nis form is permitted

PART III - PACKAGING IN	IFORMATION					
24. Check Packaging Type (check o	only one - if more than one, l	list type of pack	aging, copy Part	III, and complete	for each type:	
☐ Non-bulk	☐ IBC	☐ Cargo tank	Motor Vehicle (C	TMV)	▼ Tank Car	
☐ Cylinder	RAM	☐ Portable Ta	nk		Other N/A	
25. See instructions and enter the that corresponds to the particu Enter the most important failur	lar packaging type checked	above. Enter th	e number of cod	es as appropriate	to describe the incident.	
1. What Failed: 121	How Failed:	308	Ca	uses of Failure:	512	
2. What Failed:	How Failed:		Ca	uses of Failure:		
26a. Provide the packaging identifi	ication markings, if available	e.				
Identification Markings: 117J	100W					
(Examples: 1A1/Y1.4/150/92/USA/F	RB/93/RL, UN31H1/Y0493/USA/M	/19339/10800/1200,	DOT - 105A - 100V	V (RAIL), DOT 406 (H	HIGHWAY), DOT 51, DOT 3-A)	
26b. For Non-bulk, IBC, or non-spe complete the following:	ecification packaging, if ident	tification markir	ngs are incomple	te or unavailable	, see instructions and	
Single Package or Outer Pack	aging:		Single Package	or Inner Packagi	ng (if any):	
Packaging Type: N/A			Packaging Type	: <u>N/A</u>		
Material of Construction: N/A			Material of Con	struction: N/A		
Head Type (Drums only): Removable Non - Removable						
27. Describe the package capacity	and the quantity:					
Single Package or Outer Pack			Single Package	or Inner Packagii	ng (if any):	
Package Capacity: 30180	Liquid Gallon		Package Capaci	ity: <u>0</u>		
Amount in Package: 28915	Liquid Gallon		Amount in Pack	cage: 0		
Number in Shipment: 1			Number in Ship	oment: 0	9	
Number Failed: 1			Number Failed:	0	· · · · · · · · · · · · · · · · · · ·	
28. Provide packaging construction	n and test information, as ap	opropriate:				
Manufacturer: N/A			Manufacture Da	ate: <u>11/01/15</u>		
Serial Number: N/A			Last Test Date:			
Material of Construction: Stee		(if Tank Car	, CTMV, Portable T	ank, or Cylinder)		
Design Pressure:		(if Tank Car	(if Tank Car, CTMV, Portable Tank)			
Shell Thickness:		(if Tank Car	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)			
If valve or device failed:						
Type: N/A	Manufacturer: UNI	KNOWN		Model: UNKN	OWN	
29. If the packaging is for Radioact	W 18	resent and legible following:		(if prese	ent and legible)	
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial	
Packaging Certification:	☐ Self Certified	U.S. Certific	ation Cert	tification Number	N/A	
Nuclide(s) Present: N/A		Trans	port Index: N/A			
Activity: N/A		Critica	I Safety Index: N	/A		
Form DOT F 5800.1 (01-2004)		Page 2		Reproduct	ion of this form is permitted	

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u>	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	949-24-5 5 month	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the actio including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars recaught fire. Tank Car had severe fire damage, BOV adapter sheared,	
manway gasket burned out.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO DREVENT RECURRENCE
procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if No additional comments.	
PART VIII- CONTACT INFORMATION	
	Telephone Number 1
Contact's Name (Type or Print): Paul Hester Contact's Title: Mgr Haz Mat	Telephone Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>02/03/22</u>
Preparer is:	☐ Other
	75
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5,3773,575	1700			
1. This is to report:	X	A) A hazardous mater	ial incident	□ B) A	n undeclared shipmen	t with no release
			ral damage to the	lading retention sys		aterials that equires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supp	lemental (follow-up)	report	Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION				
3. Date of Incident: 01	/08/22	4. Ti	me of Incident	(use 24-hour time): 09:53	
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>NA</u>			
6. If you submitted a re	eport to another Fede	eral DOT agency, ent	er the agency	and report number	:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX	ZIP Code (if kno	wn): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	rport/Body of Water/	River Mile 154	.97	50	7
8. Mode of Transporta	tion	Air	☐ Highwa	y X Rail		Water
9. Transportation Phas	se 🗓	In Transit	☐ Loadin	g 🔲 Unio	pading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company				
	Street 2500 Lou M					
	City Fort Worth			State	ZIP Code	76131
	Federal DOT ID Nur	nber <u>281683</u>		Hazmat Registrati	ion Number <u>06261</u>	5552003XZ
11. Shipper/Offeror	Name Hereford E	thanol Partners LP				
	Street 4300 Count	v Road 8				
	City Hereford			State	ZIP Code	79045
	Waybill/Shipping P	aper <u>6135-01-07-18.</u>	51.08.512022	Hazmat Registrat	ion Number <u>Unava</u>	ilable
12. Origin	Street Same as sl	nipper				
(if different from shipper address)					ZIP Code	·
13. Destination	Street 5101 Lone	Star Blvd				
	City Fort Worth			State	ZIP Code	76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	4.0		
15. Technical/Trade Na	me: Ethanol					
16. Hazardous Class/ Division: 3	Numl	fication per: <u>1987</u> IN2764, NA 2020)		ing up: <u>II</u> plicable)		ty Liquid ed: 6,345 Gallon Measurement Units)
20. Was the material sl	nipped as a hazardou	s waste? Yes	No If	yes, provide the El	PA Manifest Numbe	er:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	X No If	yes, provide the H	azard Zone:	
22. Was the material sl	nipped under an Exer	nption, Approval, or (Competent Aut	nority Certificate?	☐ Yes 🏻	No
If yes, provide the E	xemption, Approval,	or CA number:			and the second second	
23. Was this an undecl	ared hazardous mate	rials shipment?			☐ Yes 🏻	No
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PART III - PACKAGING II	NFORMATION		
24. Check Packaging Type (check	only one - if more than one	e, list type of packaging, copy Part III, and comple	te for each type:
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor Vehicle (CTMV)	▼ Tank Car
☐ Cylinder	RAM	☐ Portable Tank	Other N/A
that corresponds to the partic	ular packaging type checke	found at the end of the instructions. Be sure to end above. Enter the number of codes as appropriate more than two failure points, provide in this fo	te to describe the incident.
1. What Failed: 121	How Faile	d: 308 Causes of Failure:	512
2. What Failed:	How Faile	d: Causes of Failure:	
26a. Provide the packaging identi	fication markings, if availab	ole.	
Identification Markings: 117	J100W		
(Examples: 1A1/Y1.4/150/92/USA	/RB/93/RL, UN31H1/Y0493/USA	/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406	(HIGHWAY), DOT 51, DOT 3-A)
26b. For Non-bulk, IBC, or non-sp complete the following:	ecification packaging, if ide	entification markings are incomplete or unavailab	le, see instructions and
Single Package or Outer Pac	kaging:	Single Package or Inner Packa	ging (if any):
Packaging Type: N/A		Packaging Type: N/A	
Material of Construction: N/A	1	Material of Construction: N/A	
Head Type (Drums only):	Removable	☐ Non - Removable	
27. Describe the package capacity	and the quantity:		
Single Package or Outer Pac	kaging:	Single Package or Inner Packa	ging (if any):
Package Capacity: 30370	Liquid Gallon	Package Capacity: 0	
Amount in Package: 28935	Liquid Gallon	Amount in Package: 0	
Number in Shipment: 1		Number in Shipment: 0	
Number Failed: 1			
28. Provide packaging construction	on and test information, as	appropriate:	
Manufacturer: N/A		Manufacture Date: 11/01/20	
Serial Number: N/A		Last Test Date:	
Material of Construction: Ste	el	(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:		(if Tank Car, CTMV, Portable Tank)	
Shell Thickness:		(if Tank Car, CTMV, Portable Tank)	
Head Thickness:		(if Tank Car, CTMV)	
Service Pressure:		(if Cylinder)	
If valve or device failed:			
Type: N/A		The state of the s	
29. If the packaging is for Radioac			sent and legible)
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Excepted	☐ Industrial
Packaging Certification:	☐ Self Certified	☐ U.S. Certification Certification Numb	er N/A
Nuclide(s) Present: N/A		Transport Index: N/A	
Activity: N/A		Critical Safety Index: N/A	
Form DOT F 5800.1 (01-2004)		Page 2 Reprodu	ction of this form is permitted

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	===3		<u></u>	Waterway/Storm Sewer
	/apor (Gas) Dispersion	invironmental	Damage No Re	elease
31. Emergency Response : The following entities	s responded to the incident:	(Check all th	at apply)	
☐ Fire/EMS Report #	Police Report #		☐ In-house clear	nup X Other Cleanup
32. Damages: Was the total damage cos		X Yes	□ No	
If yes, enter the following information: If no	o, go to question 33.			
	Property Damage:	640-24-57 m C (44)		emediation/Cleanup Cost:
\$ <u>0</u> \$ <u>0</u> (See damage definitions in the instructions)	<u> </u>	\$ 10000) \$	0
33a. Did the hazardous material cause or contribut	te to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting f	rom the hazardous material:			
Fatalities: Employ	rees Resp	onders	Genera	l Public
33b. Were there human fatalities that did not resul	It from the hazardous materia	l? Yes	⊠ No If y	es, how many?
34. Did the hazardous material cause or contribute	to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting fro	om the hazardous material:			
Hospitalized (Admitted Only): Employ	vees Resp	onders	Genera	l Public
Non-Hospitalized: Employ	vees Resp	onders	Genera	l Public
(e.g.: On site first aid or Emergency Room observation	n and release)			
35. Did the hazardous material cause or contribute	to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of em	ployees evacu	uated To	otal Evacuated
Duration of the evacuation (hours	1)			
36. Was a major transportation artery or facility clo	osed?	☐ Yes	☑ No If yes, I	how many? (hours)
37. Was the material involved in a crash or derailn	nent?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weath	ner conditions: Clear	
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	▼ Yes	□ No	
PART V - AIR INCIDENT INFORMATION	ON (please refer to § 175.	31 to report	a discrepancy for a	air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passenge	er baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?				
☐ Air carrier cargo facility	Sort center		☐ Baggage area	
☐ By surface to/from airport	☐ During flight	1	☐ During loading/u	nloading of aircraft
40. What phase(s) had the shipment already under	rgone prior to the incident? (C	Check all that a	apply)	500
☐ Shipment had not been transported	☐ Transported by air (first		☐ Transport by air (subsequent fliahts)
☐ Initial transport by highway to cargo facility	27 Addition to 1 and 1 a	MINISTER STATES		
Form DOT F 5800.1 (01-2004)	Page 3		Reproduction	of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the actio including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, a Key Train of Ethanol derailed and 28 tank cars release fire. Tank car had severe fire damage, BOV adapter sheared, Manway	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as a procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if No additional comments.	or improvement to hazardous materials transportation beyond the
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company 2600 Lou Menk Drive, Fort Worth, Texas 76131	Hazmat Registration Number (if not already provided): 062615552003XZ
E-mail Address:	Date: 02/03/22
Preparer is: Carrier Shipper Facility	□ Other
	*** **********************************
Form DOT F 5800.1 (01-2004) Page	4 Reproduction of this form is permitted



Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5,3773,575	1700			
1. This is to report:	X	A) A hazardous mater	ial incident	□ B) A	An undeclared shipme	ent with no release
			ral damage to the	lading retention sy		requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supp	lemental (follow-up) report	Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION				
3. Date of Incident: 01	/08/22	4. Ti	me of Incident	(use 24-hour time	e): <u>09:53</u>	
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>NA</u>			
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:						
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX	ZIP Code (if kr	own): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile 154	.97	***	*
8. Mode of Transporta	tion 🔲	Air	☐ Highwa	ay 🛚 Rai	i [] Water
9. Transportation Phas	se 🛛	In Transit	Loadin	g 🔲 Uni	loading [n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	52-35	552 Stumble	93/10 133/	
	Street 2500 Lou M					
	City Fort Worth			State	TX ZIP Cod	le <u>76131</u>
	Federal DOT ID Nur	mber <u>281683</u>		Hazmat Registra	tion Number 0626	615552003XZ
11. Shipper/Offeror	Name Hereford E	thanol Partners LP	PR:			
1997-9	021	v Road 8				
	City Hereford	ON COLORS		State	TX ZIP Cod	le <u>79045</u>
	Waybill/Shipping P	aper <u>9829-01-07-18.</u>	51.08.422022	Hazmat Registra	tion Number Unav	vailable
12. Origin	Street Same as sh	nipper				
(if different from shipper address)					ZIP Cod	le
13. Destination	Street 5101 Lone	Star Blvd				
The state of the s	- III				TX ZIP Cod	le <u>76101</u>
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	No. 1.11.100	El collination	× 57 30000
15. Technical/Trade Na			50			
16. Hazardous Class/ Division: 3	17. Identi Numb	fication per: <u>1987</u> IN2764, NA 2020)		cing up: <u>II</u> plicable)		tity Liquid sed: 16,596 Gallon
20. Was the material sl	nipped as a hazardous	s waste? Yes	X No If	ves, provide the E	PA Manifest Num	ber:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	14000000 0400000 04000	yes, provide the h		50200.6.000
Meantharter of the contract to the property				Mariana de la composición del composición de la composición del composición de la co		1 No.
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No If yes, provide the Exemption, Approval, or CA number:						
23. Was this an undecl		STATE OF THE STATE			☐ Yes 🗵] No
20. Was this an anacci	aroa nazaraous mater	naio ompinonti				
Form DOT F 5800.1 (01	-2004)		Page 1		Reproduction of	of this form is permitted

PART III - PACKAGING IN	FORMATION						
24. Check Packaging Type (check o	only one - if more than one, l	list type of pack	aging, copy Part	III, and complete	for each type:		
☐ Non-bulk	☐ IBC	☐ Cargo tank I	Motor Vehicle (C	TMV)	▼ Tank Car		
☐ Cylinder	RAM	☐ Portable Tar	nk		Other N/A		
25. See instructions and enter the that corresponds to the particu Enter the most important failur	lar packaging type checked a	above. Enter the	e number of code	es as appropriate	to describe the incident.		
1. What Failed: 121	How Failed:	308	Ca	uses of Failure:	512		
2. What Failed:	How Failed:		Ca	uses of Failure:			
26a. Provide the packaging identifi	cation markings, if available	9.					
Identification Markings: 117J	100W						
(Examples: 1A1/Y1.4/150/92/USA/F	RB/93/RL, UN31H1/Y0493/USA/M	19339/10800/1200,	DOT - 105A - 100W	(RAIL), DOT 406 (H	HIGHWAY), DOT 51, DOT 3-A)		
26b. For Non-bulk, IBC, or non-spe complete the following:	cification packaging, if ident	tification markin	gs are incomplet	te or unavailable,	, see instructions and		
Single Package or Outer Pack	aging:		Single Package	or Inner Packagi	ng (if any):		
Packaging Type: N/A			Packaging Type	: <u>N/A</u>			
Material of Construction: N/A			Material of Cons	struction: N/A			
Head Type (Drums only):	Removable	☐ Non - Remo	vable				
27. Describe the package capacity	and the quantity:						
Single Package or Outer Pack			Single Package	or Inner Packagii	ng (if any):		
Package Capacity: 30210	Liquid Gallon		Package Capacit	ty: <u>0</u>			
Amount in Package: 28956	Liquid Gallon		Amount in Pack	age: 0			
Number in Shipment: 1			Number in Shipment: 0				
Number Failed: 1			Number Failed: 0				
28. Provide packaging construction	n and test information, as ap	propriate:					
Manufacturer: N/A			Manufacture Da	te: <u>12/01/15</u>			
Serial Number: N/A			Last Test Date:				
Material of Construction: Stee	1	(if Tank Car,	(if Tank Car, CTMV, Portable Tank, or Cylinder)				
Design Pressure:		(if Tank Car,	(if Tank Car, CTMV, Portable Tank)				
Shell Thickness:		(if Tank Car	(if Tank Car, CTMV, Portable Tank)				
Head Thickness:		(if Tank Car	, CTMV)				
Service Pressure:		(if Cylinder)	Ú:				
If valve or device failed:							
Type: N/A	Manufacturer: UNK	KNOWN		Model: UNKN	OWN		
29. If the packaging is for Radioact	W 62	resent and legible) following:		(if prese	ent and legible)		
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial		
Packaging Certification:	☐ Self Certified	U.S. Certific	ation Cert	ification Number	N/A		
Nuclide(s) Present: N/A		Transp	oort Index: N/A				
Activity: N/A		Critica	I Safety Index: N/	Α			
Form DOT F 5800.1 (01-2004)		Page 2		Reproduct	ion of this form is permitted		

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u>	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	949-24-5 5 month	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars releas	
gasket burned out.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if r No additional comments.	r improvement to hazardous materials transportation beyond the
No additional comments.	
PART VIII- CONTACT INFORMATION	
	Telephone Number: ()
Contact's Name (Type or Print): Paul Hester Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>02/03/22</u>
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	☐ Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	1.0(1.00)	1,554			
1. This is to report:	X	A) A hazardous mater	ial incident	☐ B) An	undeclared shipmen	with no release
			ral damage to the		em or damage that re	aterials that quires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supp	lemental (follow-up) r	eport \square	Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION				
3. Date of Incident: 01	/08/22	4. Ti	me of Incident	(use 24-hour time):	09:53	
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>NA</u>			
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:						
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX	ZIP Code (if know	wn): 76373
Street Address/Mile	Marker/Yardname/A	rport/Body of Water/	River Mile 154	97	50	27
8. Mode of Transporta	tion	Air	☐ Highwa	y 🗵 Rail		Water
9. Transportation Phas	se 🛛	In Transit	Loading	Unlos	ading \square	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company				
	Street 2500 Lou M					
	City Fort Worth			State T	X ZIP Code	76131
	Federal DOT ID Nur	nber <u>281683</u>		Hazmat Registration	on Number <u>06261</u>	5552003XZ
11. Shipper/Offeror	Name Hereford E	hanol Partners LP				
	Street 4300 Count	v Road 8				
	City Hereford			State T	X ZIP Code	79045
	Waybill/Shipping P	aper <u>9747-01-07-18.</u>	51.08.422022	Hazmat Registration	on Number <u>Unava</u>	ilable
12. Origin	Street Same as sh	nipper				
(if different from shipper address)		ratio.			ZIP Code	
13. Destination	Street 5101 Lone	Star Blvd				
the control of the co	- III				X ZIP Code	76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	5.	8.57	57 JULIU
15. Technical/Trade Na	me: Ethanol					
16. Hazardous Class/ Division: 3	Numb	fication per: <u>1987</u> N2764, NA 2020)		ing p: <u>II</u> plicable)	1017107707	y Liquid ed: 17,948 Gallon Measurement Units)
20. Was the material sl	nipped as a hazardous	s waste? Yes	⊠ No If	es, provide the EP.	A Manifest Numbe	r:
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	X No If	yes, provide the Ha	zard Zone:	<u></u>
22. Was the material sl	nipped under an Exen	nption, Approval, or (Competent Auth	ority Certificate?	☐ Yes ☒	No
If yes, provide the E	xemption, Approval,	or CA number:			and the superalities. Self-Self-	
23. Was this an undecl	ared hazardous mate	rials shipment?			☐ Yes 🏻	No
Form DOT F 5800.1 (01	-2004)		Page 1		Reproduction of	this form is permitted

PART III - PACKAGING IN	FORMATION						
24. Check Packaging Type (check o	nly one - if more than one,	list type of pack	aging, copy	Part III, and complete	e for each type:		
☐ Non-bulk	☐ IBC	☐ Cargo tank	Motor Vehic	le (CTMV)	▼ Tank Car		
☐ Cylinder	RAM	Portable Ta	nk		Other N/A		
25. See instructions and enter the a that corresponds to the particul Enter the most important failure	ar packaging type checked	above. Enter th	e number of	codes as appropriate	e to describe the incident.		
1. What Failed: 106	How Failed:	308		Causes of Failure:	512		
2. What Failed: 121	How Failed:	308	- 1	Causes of Failure:	<u>512</u>		
26a. Provide the packaging identific	cation markings, if available	e.					
Identification Markings: 117J1	00W						
(Examples: 1A1/Y1.4/150/92/USA/R	B/93/RL, UN31H1/Y0493/USA/N	19339/10800/1200	DOT - 105A -	100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)		
26b. For Non-bulk, IBC, or non-spec	cification packaging, if iden	tification marki	ngs are incor	mplete or unavailable	e, see instructions and		
Single Package or Outer Package	aging:		Single Paci	kage or Inner Packag	ing (if any):		
Packaging Type: N/A			Packaging '	Type: N/A			
Material of Construction: N/A			Material of	Construction: N/A			
Head Type (Drums only):	Removable	☐ Non - Remo	vable				
27. Describe the package capacity a	and the quantity:						
Single Package or Outer Package			Single Pack	kage or Inner Packagi	ing (if any):		
Package Capacity: 30210	Liquid Gallon		Package Ca	pacity: 0	a a		
Amount in Package: 28943	Liquid Gallon		Amount in	Package: 0			
Number in Shipment: 1			Number in Shipment: 0				
Number Failed: 1			Number Failed: 0				
28. Provide packaging construction	and test information, as ap	ppropriate:					
Manufacturer: N/A			Manufactu	re Date: 11/01/15			
Serial Number: N/A			Last Test D	ate:			
Material of Construction: Stee		(if Tank Car	, CTMV, Porta	ble Tank, or Cylinder)			
Design Pressure:		(if Tank Ca	r, CTMV, Porta	ble Tank)			
Shell Thickness:		(if Tank Ca	(if Tank Car, CTMV, Portable Tank)				
Head Thickness:		(if Tank Ca	(if Tank Car, CTMV)				
Service Pressure:		(if Cylinder)				
If valve or device failed:							
Type: N/A	Manufacturer: UN	100 C C 100 C C C C C C C C C C C C C C	8	Model: <u>UNKN</u>	The state of the s		
29. If the packaging is for Radioacti	W 18	resent and legible following:)	(if pres	ent and legible)		
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial		
Packaging Certification:	☐ Self Certified	U.S. Certific		Certification Number	r N/A		
Nuclide(s) Present: N/A		V 	port Index: N				
The second secon			-				
Activity: N/A		Critica	I Safety Inde	ex: N/A			
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u>	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	949-24-5 5 month	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE	FAILURE
	ions taken at the time it was discovered. Describe the package failure, and diagrams should be submitted if needed for clarification. Estimate mitigate the effects of the release. Continue on additional sheets if
On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars releasely fire. Tank car had severe fire damage, BOV leaked, manway	
PART VII - RECOMMENDATIONS/ACTIONS TAKE	N TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as procedures) to help prevent recurrence. Provide recommendations control of your individual company. Continue on additional sheets No additional comments.	for improvement to hazardous materials transportation beyond the
DART VIII CONTACT INFORMATION	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat Business Name and Address: BNSF Railway Company	Fax Number: () Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>02/03/22</u>
Preparer is:	y Other
Form DOT F 5800.1 (01-2004) Pag	ge 4 Reproduction of this form is permitted



Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	5,3773,575	1758				
1. This is to report:	X	A) A hazardous mater	ial incident	□ в) An undeclared s	shipment with no	release
		A specification carg (1) received structur intended to protect	ral damage to the	e lading retention	system or damag	e that requires re	
2. Indicate whether this	s is:	An initial report	☐ A supp	plemental (follow-u	up) report	☐ Addit	ional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION					
3. Date of Incident: 01	/08/22	4. Ti	me of Incident	(use 24-hour tir	me): <u>09:53</u>		
5. Enter National Resp	onse Center Report N	lumber (if applicable	:): <u>NA</u>				
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:							
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX	ZIP Code	(if known): 76	373
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile 154	1.97			2
8. Mode of Transporta	tion 🔲	Air	☐ Highw	ay 🗵 R	lail	☐ Wate	r
9. Transportation Phas	se 🛛	In Transit	☐ Loadin	ng 🔲 U	Inloading	n Tra	nsit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	See: 39 1	292	8410	10	400
	Street 2500 Lou M						
	City Fort Worth			Stat	e TX ZI	P Code <u>76131</u>	
	Federal DOT ID Nur	nber <u>281683</u>		Hazmat Regist	ration Number	06261555200	3XZ
11. Shipper/Offeror	Name Hereford E	thanol Partners LP					
	Street 4300 Count	v Road 8					
	City Hereford			Stat	e TX ZI	P Code <u>79045</u>	
	Waybill/Shipping P	aper <u>9651-01-07-18.</u>	51.08.422022	Hazmat Regist	ration Number	Unavailable	
12. Origin	Street Same as sh	nipper					3
(if different from shipper address)					e ZI	P Code	
13. Destination	Street 5101 Lone	Star Blvd					
the control of the co	- III				e <u>TX</u> ZI	P Code <u>76101</u>	
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	5, 3, II	\$8.000	25	57-1111-1-1	*
15. Technical/Trade Na			30 30				
16. Hazardous Class/ Division: 3	17. Identi	fication per: <u>1987</u> N2764, NA 2020)		king up: <u>II</u> oplicable)		Quantity Released: <u>3,38</u> (Include Measure	700 TANK 184
20. Was the material sl	nipped as a hazardou:	s waste? Yes	X No If	yes, provide the	EPA Manifest	Number:	
21. Is this a Toxic by In	halation (TIH) materia	al? Yes	X No If	yes, provide the	Hazard Zone:		
22. Was the material sl	nipped under an Exen	nption, Approval, or (Competent Aut	hority Certificate	e?	X No	
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No If yes, provide the Exemption, Approval, or CA number:							
23. Was this an undecl		STATE OF THE STATE			☐ Yes	⊠ No	
Form DOT F 5800.1 (01	-2004)		Page 1		Reproduc	tion of this for	n is permitted

PART III - PACKAGING IN	FORMATION					
24. Check Packaging Type (check or	nly one - if more than one,	list type of packaging, copy Part III, and complete	e for each type:			
☐ Non-bulk	□ IBC	☐ Cargo tank Motor Vehicle (CTMV)	▼ Tank Car			
☐ Cylinder	RAM	☐ Portable Tank	Other N/A			
that corresponds to the particula	ar packaging type checked	und at the end of the instructions. Be sure to ent above. Enter the number of codes as appropriate more than two failure points, provide in this for	e to describe the incident.			
1. What Failed: <u>106</u>	How Failed:	308 Causes of Failure:	512			
2. What Failed: 121	How Failed:	308 Causes of Failure:	512			
26a. Provide the packaging identific	ation markings, if available	e.				
Identification Markings: 117J1	00W					
(Examples: 1A1/Y1.4/150/92/USA/RI	B/93/RL, UN31H1/Y0493/USA/N	//19339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-spec complete the following:	ification packaging, if iden	tification markings are incomplete or unavailable	e, see instructions and			
Single Package or Outer Packa	ging:	Single Package or Inner Packag	ing (if any):			
Packaging Type: N/A		Packaging Type: N/A				
Material of Construction: N/A		Material of Construction: N/A				
Head Type (Drums only):	☐ Removable	☐ Non - Removable				
27. Describe the package capacity a	nd the quantity:					
Single Package or Outer Packa	ging:	Single Package or Inner Packag	ing (if any):			
Package Capacity: 30220	Liquid Gallon	Package Capacity: 0				
Amount in Package: 28931	Liquid Gallon	Amount in Package: 0				
Number in Shipment: 1						
Number Failed: 1						
28. Provide packaging construction	and test information, as ap	ppropriate:				
Manufacturer: N/A		Manufacture Date: 11/01/15				
Serial Number: N/A		Last Test Date:				
Material of Construction: Steel		(if Tank Car, CTMV, Portable Tank, or Cylinder)				
Design Pressure:		(if Tank Car, CTMV, Portable Tank)				
Shell Thickness:		(if Tank Car, CTMV, Portable Tank)				
Head Thickness:		(if Tank Car, CTMV)				
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	Manufacturer: UN	The state of the s				
29. If the packaging is for Radioactiv	W 03		ent and legible)			
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Excepted	☐ Industrial			
Packaging Certification:	☐ Self Certified	☐ U.S. Certification Certification Numbe	27.00			
Nuclide(s) Present: N/A		Transport Index: N/A				
Activity: N/A		Critical Safety Index: N/A				
Form DOT F 5800.1 (01-2004)		Page 2 Reproduc	tion of this form is permitted			

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u>	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	## Table Tab	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
F DOT F F000 4 (04 0004)			-	and the second s
Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars relea caught fire. Tank car had severe fire damage, BOV adapter sheared of valve seats, manway gasket burned out.	
valve seats, manney gustor burned out.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if r	r improvement to hazardous materials transportation beyond the
No additional comments.	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat Business Name and Address: BNSF Railway Company	Fax Number: () Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>02/03/22</u>
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	A3(23,000	1,000		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclare	d shipment with no release
		(1) received structure	ral damage to the lad	or greater containing any ha ling retention system or dam system and (2) did not have a	age that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A supplem	ental (follow-up) report	■ Additional Pages
PART II - GENER	AL INCIDENT IN	FORMATION			
3. Date of Incident: 01/	/08/22	4. Ti	me of Incident (us	e 24-hour time): 09:53	
5. Enter National Resp	onse Center Report N	umber (if applicable): <u>NA</u>		
6. If you submitted a re	eport to another Fede	ral DOT agency, ente	er the agency and	report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	de (if known): 76373
Street Address/Mile	Marker/Yardname/Ai	rport/Body of Water/	River Mile 154.97	31 31	*
8. Mode of Transporta	tion 🔲	Air	☐ Highway	X Rail	☐ Water
9. Transportation Phas	se 🛚	In Transit	Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Raily	vay Company	90m35v 12937	State 90 95700	100-100
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nun	nber <u>281683</u>	Ha	zmat Registration Number	er <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford Et	hanol Partners LP			
	Street 4300 Count	Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping Pa	aper <u>9555-01-07-18.</u>	51.08.432022 Ha	zmat Registration Number	er <u>Unavailable</u>
12. Origin	Street Same as sh	ipper			<u> </u>
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
The state of the s	The state of the s			1818	ZIP Code <u>76101</u>
14. Proper Shipping Na	ame of Hazardous Ma	erial: Alcohols N.O.S	S, 3, II	No. 100 Mafeton 28	2 100 100 100 100 100 100 100 100 100 10
15. Technical/Trade Na		1 1 - 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	90 S		
16. Hazardous Class/ Division: 3	17. Identii Numb	ication er: <u>1987</u> N2764, NA 2020)	18. Packing Group: (if applic	<u> </u>	9. Quantity Liquid Released: 28,917 Gallon (Include Measurement Units)
20. Was the material sh	nipped as a hazardous	waste? Yes	■ No If yes	, provide the EPA Manife	st Number:
21. Is this a Toxic by In	halation (TIH) materia	1? Yes	☒ No If yes	, provide the Hazard Zone	e:
22. Was the material sh	nipped under an Exem	ption, Approval, or (Competent Author	ty Certificate? Y	es 🛛 No
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl	G 10 545 9			□ Y	es 🛚 No
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PART III - PACKAGING II	FORMATION					
24. Check Packaging Type (check	only one - if more than o	ne, list type of packaging	g, copy Part III, and comple	te for each type:		
☐ Non-bulk	☐ IBC	☐ Cargo tank Moto	r Vehicle (CTMV)	▼ Tank Car		
☐ Cylinder	RAM	☐ Portable Tank		Other N/A		
25. See instructions and enter the that corresponds to the particle Enter the most important failures.	ular packaging type chec	ked above. Enter the nur	mber of codes as appropria	te to describe the incident.		
1. What Failed: 149	How Fai	led: <u>310</u>	Causes of Failure	509		
2. What Failed:	How Fai	led:	Causes of Failure			
26a. Provide the packaging identif	fication markings, if avail	able.				
Identification Markings: 1175	100W					
(Examples: 1A1/Y1.4/150/92/USA/	RB/93/RL, UN31H1/Y0493/US	SA/M9339/10800/1200, DOT	- 105A - 100W (RAIL), DOT 406	(HIGHWAY), DOT 51, DOT 3-A)		
26b. For Non-bulk, IBC, or non-sp- complete the following:	ecification packaging, if i	dentification markings a	re incomplete or unavailab	le, see instructions and		
Single Package or Outer Pac	kaging:	Sin	gle Package or Inner Packa	ging (if any):		
Packaging Type: N/A		Pac	kaging Type: N/A			
Material of Construction: N/A		Mat	erial of Construction: N/A			
Head Type (Drums only):	Removable	☐ Non - Removable	е			
27. Describe the package capacity	and the quantity:					
Single Package or Outer Pac	kaging:	Sing	gle Package or Inner Packa	ging (if any):		
Package Capacity: 30370	Liquid Gallon	Pac	kage Capacity: 0			
Amount in Package: 28917	Liquid Gallon	Ame	ount in Package: 0			
Number in Shipment: 1		Nur	nber in Shipment: 0			
Number Failed: 1						
28. Provide packaging construction	n and test information, a	s appropriate:				
Manufacturer: N/A		Mar	nufacture Date: 10/01/20			
Serial Number: N/A		Last	t Test Date:	<u> </u>		
Material of Construction: Ste	el	(if Tank Car, CTM	IV, Portable Tank, or Cylinder)			
Design Pressure:		(if Tank Car, CTN	IV, Portable Tank)			
Shell Thickness:		(if Tank Car, CTN	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car, CTN	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A			Model: <u>UNK</u>	The state of the s		
29. If the packaging is for Radioac		(if present and legible) the following:	(if pre	esent and legible)		
Packaging Category:	☐ Type A	☐ Type B ☐	Type C Excepted	☐ Industrial		
Packaging Certification:	☐ Self Certified	U.S. Certification	Certification Numb	er N/A		
Nuclide(s) Present: N/A		Transport I	ndex: N/A			
Activity: N/A		Critical Saf	ety Index: N/A			
Form DOT F 5800.1 (01-2004)		Page 2	Reprodu	ction of this form is permitted		

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	===3		<u></u>	Waterway/Storm Sewer
	/apor (Gas) Dispersion	invironmental	Damage No Re	elease
31. Emergency Response : The following entities	s responded to the incident:	(Check all th	at apply)	
☐ Fire/EMS Report #	Police Report #		☐ In-house clear	nup X Other Cleanup
32. Damages: Was the total damage cos		X Yes	□ No	
If yes, enter the following information: If no	o, go to question 33.			
	Property Damage:	640-24-57 m C (44)		emediation/Cleanup Cost:
\$ <u>0</u> \$ <u>0</u> (See damage definitions in the instructions)	<u> </u>	\$ 10000) \$	0
33a. Did the hazardous material cause or contribut	te to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting f	rom the hazardous material:			
Fatalities: Employ	rees Resp	onders	Genera	l Public
33b. Were there human fatalities that did not resul	It from the hazardous materia	l? Yes	⊠ No If y	es, how many?
34. Did the hazardous material cause or contribute	to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting fro	om the hazardous material:			
Hospitalized (Admitted Only): Employ	vees Resp	onders	Genera	l Public
Non-Hospitalized: Employ	vees Resp	onders	Genera	l Public
(e.g.: On site first aid or Emergency Room observation	n and release)			
35. Did the hazardous material cause or contribute	to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of em	ployees evacu	uated To	otal Evacuated
Duration of the evacuation (hours	1)			
36. Was a major transportation artery or facility clo	osed?	☐ Yes	☑ No If yes, I	how many? (hours)
37. Was the material involved in a crash or derailn	nent?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weath	ner conditions: Clear	
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	▼ Yes	□ No	
PART V - AIR INCIDENT INFORMATION	ON (please refer to § 175.	31 to report	a discrepancy for a	air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passenge	er baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, chec	ck the appropriate box for the	location when	re the incident was d	iscovered)?
☐ Air carrier cargo facility	Sort center		☐ Baggage area	
☐ By surface to/from airport	☐ During flight	1	☐ During loading/u	nloading of aircraft
40. What phase(s) had the shipment already under	rgone prior to the incident? (C	Check all that a	apply)	500
☐ Shipment had not been transported	☐ Transported by air (first		☐ Transport by air (subsequent fliahts)
☐ Initial transport by highway to cargo facility	27 Addition to 1 and 1 a	MINISTER STATES		
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PART VI - DESCRIPTION OF EVENTS & PACKAGE	FAILURE
Describe the sequence of events that led to the incident and the acti including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to necessary.	
On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars rele caught fire. Tank car had severe fire damage, hole in tank shell at he	
PART VII - RECOMMENDATIONS/ACTIONS TAKE	N TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as a procedures) to help prevent recurrence. Provide recommendations frontrol of your individual company. Continue on additional sheets it No additional comments.	or improvement to hazardous materials transportation beyond the
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company 2600 Lou Menk Drive, Fort Worth, Texas 76131	Hazmat Registration Number (if not already provided): 062615552003XZ
E-mail Address:	Date: 02/03/22
Preparer is: Carrier Shipper Facility	
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE				
1. This is to report:	×	A) A hazardous mater	ial incident	B) An undecl	ared shipment with no release
		(1) received structu	ral damage to the lad		hazardous materials that amage that requires repair to a system we a release.
2. Indicate whether this	s is:	An initial report	☐ A supplem	nental (follow-up) report	■ Additional Pages
PART II - GENER	AL INCIDENT I	NFORMATION			
3. Date of Incident: 01	08/22	4. Ti	me of Incident (us	se 24-hour time): <u>09:5</u>	53
5. Enter National Resp	onse Center Report I	Number (if applicable): <u>NA</u>		
6. If you submitted a re	eport to another Fed	eral DOT agency, ent	er the agency and	report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP	Code (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water	River Mile <u>154.97</u>		\$6 9
8. Mode of Transporta	tion 🔲	Air	☐ Highway	X Rail	☐ Water
9. Transportation Phas	e 🛚 🗓	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company	#20000 Washington	. comber service	
	Street 2500 Lou N	1enk Drive			
				State TX	ZIP Code 76131
	Federal DOT ID Nu	mber <u>281683</u>	На	zmat Registration Nur	nber <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford E	thanol Partners LP			
	Street 4300 Coun	tv Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping F	aper 6437-01-07-18	51.08.512022 Ha	azmat Registration Nur	nber Unavailable
12. Origin	Street Same as s	hipper			
(if different from shipper address)	City			State	ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
					ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	5, 3, II		25. 2 101. 1.0 27. 401.0
15. Technical/Trade Na	me: Ethanol				
16. Hazardous Class/ Division: 3		ification ber: <u>1987</u> JN2764, NA 2020)	18. Packing Group: (if applic	<u> </u>	19. Quantity Liquid Released: 22,695 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardou	s waste? Yes	No If yes	s, provide the EPA Man	ifest Number:
21. Is this a Toxic by In	halation (TIH) materi	al? Yes	No If yes	s, provide the Hazard Z	one:
22. Was the material sl	nipped under an Exer	mption, Approval, or (Competent Author	ity Certificate?	Yes X No
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl		Particular and the same			Yes No
Form DOT 5 5000 1 /01	2004)		Page 1	D	aduation of this form is narmitted
Form DOT F 5800.1 (01	-2004)		Page 1	Repr	oduction of this form is permitted

PART III - PACKAGING I	NFORMATION					
24. Check Packaging Type (check	conly one - if more than c	one, list type of packaging, copy Part III, and con	nplete for each type:			
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor Vehicle (CTMV)	▼ Tank Car			
☐ Cylinder	RAM	Portable Tank	Other N/A			
that corresponds to the partic	cular packaging type chec	es found at the end of the instructions. Be sure t sked above. Enter the number of codes as appro e are more than two failure points, provide in th	priate to describe the incident.			
1. What Failed: 121	How Fa	iled: 308 Causes of Fail	lure: <u>512</u>			
2. What Failed:	How Fa	iled: Causes of Fai	lure:			
26a. Provide the packaging ident	ification markings, if avai	lable.				
Identification Markings: 117	7J100W					
(Examples: 1A1/Y1.4/150/92/USA	V/RB/93/RL, UN31H1/Y0493/U	SA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT	406 (HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-sp complete the following:	pecification packaging, if	identification markings are incomplete or unava	ilable, see instructions and			
Single Package or Outer Pa	ckaging:	Single Package or Inner Pa	ackaging (if any):			
Packaging Type: N/A		Packaging Type: N/A				
Material of Construction: N/	A	Material of Construction: N	I/A			
Head Type (Drums only):	Removable	☐ Non - Removable				
27. Describe the package capacit	y and the quantity:					
Single Package or Outer Pa	ckaging:	Single Package or Inner Pa	ckaging (if any):			
Package Capacity: 30400	Liquid Gallon	Package Capacity: 0				
Amount in Package: 28933	Liquid Gallon	Amount in Package: 0				
Number in Shipment: 1		Number in Shipment: 0				
Number Failed: 1						
28. Provide packaging constructi	on and test information,	as appropriate:				
Manufacturer: N/A		Manufacture Date: 10/01/2	20			
Serial Number: N/A		Last Test Date:				
Material of Construction: Ste	eel	(if Tank Car, CTMV, Portable Tank, or Cylind	der)			
Design Pressure:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Shell Thickness:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car, CTMV)	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	Manufacturer:		<u>UNKNOWN</u>			
29. If the packaging is for Radioa	ctive Materials, complete		if present and legible)			
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Except	ted Industrial			
Packaging Certification:	☐ Self Certified	☐ U.S. Certification Certification No.	umber N/A			
Nuclide(s) Present: N/A		Transport Index: N/A				
Activity: N/A		Critical Safety Index: N/A				
Form DOT F 5800.1 (01-2004)		Page 2 Repr	roduction of this form is permitted			

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u>	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars relea caught fire. Tank car had severe fire damage, BOV adapter sheared of burned out.	
burned out.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac	
procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if a	
No additional comments.	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company 2600 Lou Menk Drive, Fort Worth, Texas 76131	Hazmat Registration Number (if not already provided): 062615552003XZ
E-mail Address:	Date: 02/03/22
Preparer is:	Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	8,3(2,000)	1.04		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclare	ed shipment with no release
		(1) received structure	ral damage to the la	s or greater containing any h ding retention system or dan system and (2) did not have	nage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A suppler	nental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	FORMATION			
3. Date of Incident: 01	/08/22	4. Ti	me of Incident (u	se 24-hour time): <u>09:53</u>	
5. Enter National Resp	onse Center Report N	umber (if applicable): <u>N</u> A		
6. If you submitted a re	eport to another Fede	ral DOT agency, ente	er the agency and	report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	ode (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/Ai	rport/Body of Water/	River Mile 154.97	7	\$2
8. Mode of Transporta	tion	Air	☐ Highway	X Rail	☐ Water
9. Transportation Phas	se 🛚 🗓	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Raily	vay Company	H-2000000 \$102000	Section Sectio	10000
	Street 2500 Lou M				
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nun	nber <u>281683</u>	н	azmat Registration Numb	per <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford Et	hanol Partners LP			
100000000000000000000000000000000000000	Street 4300 Count	Road 8			
	City Hereford			State TX	ZIP Code 79045
	Waybill/Shipping Pa	aper 5603-01-07-18.	51.08.272022 H	azmat Registration Numb	per Unavailable
12. Origin	Street Same as sh	ipper	•		
(if different from shipper address)					ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
The state of the same of the s				188 118 118 118	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Mat	erial: Alcohols N.O.S	s, 3, II	24 1100 1114 1114 1214 1214	2 1 111 111 22 111111
15. Technical/Trade Na	me: Ethanol				
16. Hazardous Class/ Division: 3	Numb	ication er: <u>1987</u> N2764, NA 2020)	18. Packin Group: (if appli	<u>II</u>	19. Quantity Liquid Released: 18,451 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardous	waste? Yes	No If year ✓ No If year No If year	s, provide the EPA Manife	est Number:
21. Is this a Toxic by In	halation (TIH) materia	I? Yes	X No If ye	s, provide the Hazard Zor	ne:
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl	G 10 545 S				∕es ⊠ No
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PART III - PACKAGING I	NFORMATION					
24. Check Packaging Type (check	only one - if more than o	one, list type of packaging, copy Part III, and con	nplete for each type:			
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor Vehicle (CTMV)	▼ Tank Car			
☐ Cylinder	RAM	☐ Portable Tank	Other N/A			
that corresponds to the partic	cular packaging type chec	es found at the end of the instructions. Be sure to ked above. Enter the number of codes as appro are more than two failure points, provide in the	priate to describe the incident.			
1. What Failed: 121	How Fa	iled: 308 Causes of Fail	ure: <u>512</u>			
2. What Failed:	How Fa	iled: Causes of Fail	lure:			
26a. Provide the packaging ident	ification markings, if avai	lable.				
Identification Markings: 117	J100W					
(Examples: 1A1/Y1.4/150/92/USA	VRB/93/RL, UN31H1/Y0493/U	SA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT	406 (HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-sp complete the following:	pecification packaging, if	dentification markings are incomplete or unava	ilable, see instructions and			
Single Package or Outer Pa	ckaging:	Single Package or Inner Pa	ackaging (if any):			
Packaging Type: N/A		Packaging Type: N/A				
Material of Construction: N/	A	Material of Construction: N	I/A			
Head Type (Drums only):	☐ Removable	☐ Non - Removable				
27. Describe the package capacit	y and the quantity:					
Single Package or Outer Package	ckaging:	Single Package or Inner Pa	ckaging (if any):			
Package Capacity: 30360	Liquid Gallon	Package Capacity: 0				
Amount in Package: 29027	Liquid Gallon	Amount in Package: 0				
Number in Shipment: 1		Number in Shipment: 0				
Number Failed: 1						
28. Provide packaging constructi	on and test information, a	as appropriate:				
Manufacturer: N/A		Manufacture Date: 10/01/2	20			
Serial Number: TILX 731758	3	Last Test Date:				
Material of Construction: Ste	eel	(if Tank Car, CTMV, Portable Tank, or Cylind	der)			
Design Pressure:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Shell Thickness:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car, CTMV)	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	Manufacturer:		JNKNOWN			
29. If the packaging is for Radioa	ctive Materials, complete		f present and legible)			
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Except	ted Industrial			
Packaging Certification:	☐ Self Certified	☐ U.S. Certification Certification Nu	umber N/A			
Nuclide(s) Present: N/A		Transport Index: N/A				
Activity: N/A		Critical Safety Index: N/A				
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	<u>===</u>	Explosion		ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)	
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No	
If yes, enter the following information:	o, go to question 33.			
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous material:			
Fatalities: Emplo	yees Res	ponders		General Public
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting for	rom the hazardous material:			
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public
Non-Hospitalized: Emplo	yees Res	ponders		General Public
(e.g.: On site first aid or Emergency Room observation	on and release)			
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No	
If yes, provide the following information:				
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated
Duration of the evacuation (hour	s)			
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)
37. Was the material involved in a crash or derails	ment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear
	Vehicle overturn?	☐ Yes	⊠ No	
	Vehicle left roadway/track?	X Yes	□ No	
PART V - AIR INCIDENT INFORMATI	ION (please refer to § 175	5.31 to report	a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	jer baggage?			
☐ Cargo	☐ Passenger baggage			
39. Where did the incident occur (if unknown, che	ck the appropriate box for th	e location whe	ere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under		Check all that		i i i i i i i i i i i i i i i i i i i
	☐ Transported by air (first			ort by air (subsequent flights)
☐ Shipment had not been transported ☐ Initial transport by highway to cargo facilit		T1.10	u Hansp	ort by all (subsequent ilights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars releated aught fire. Tank car had severe fire damage, manway gasket burned	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as a procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if No additional comments.	or improvement to hazardous materials transportation beyond the
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Paul Hester	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: 02/03/22
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	Other
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Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

PART I - REPORT	TYPE	1.37(1.54)	1799		
1. This is to report:	X	A) A hazardous mater	ial incident	B) An undeclar	red shipment with no release
		(1) received structure	ral damage to the la	s or greater containing any h ding retention system or dan system and (2) did not have	mage that requires repair to a system
2. Indicate whether this	s is:	An initial report	☐ A suppler	mental (follow-up) report	☐ Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION			
3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53					
5. Enter National Resp	onse Center Report N	lumber (if applicable): <u>NA</u>		
6. If you submitted a re	eport to another Fede	eral DOT agency, ente	er the agency and	d report number:	
7. Location of Incident	: City: Oklaunion	County:	Wilbarger	State: TX ZIP Co	ode (if known): <u>76373</u>
Street Address/Mile	Marker/Yardname/Ai	rport/Body of Water/	River Mile 154.9	7	
8. Mode of Transporta	tion 🔲	Air	☐ Highway	▼ Rail	☐ Water
9. Transportation Phas	e 🛛	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rails	way Company	50,000 1000	200-90 9370	CD-907
10. Carrier/Reporter Name BNSF Railway Company Street 2500 Lou Menk Drive					
	City Fort Worth			State TX	ZIP Code 76131
	Federal DOT ID Nur	nber <u>281683</u>	н	azmat Registration Numl	ber <u>062615552003XZ</u>
11. Shipper/Offeror	Name Hereford Et	hanol Partners LP			
	Street 4300 Count	v Road 8			
	City Hereford			State TX	ZIP Code <u>79045</u>
	Waybill/Shipping P	aper <u>1905-01-07-18.</u>	51.08.362022 H	azmat Registration Numl	ber <u>Unavailable</u>
12. Origin	Street Same as sh	nipper			a
(if different from shipper address)		1 de la companya de			ZIP Code
13. Destination	Street 5101 Lone	Star Blvd			
The second second second	The state of the s			188 118 118	ZIP Code 76101
14. Proper Shipping Na	ame of Hazardous Ma	terial: Alcohols N.O.S	S, 3, II	71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S 1 101 111 87 101101 6
15. Technical/Trade Name: Ethanol					
16. Hazardous Class/ Division: 3	Numb	fication per: <u>1987</u> N2764, NA 2020)	18. Packin Group (if appli	<u> </u>	19. Quantity Liquid Released: 22,445 Gallon (Include Measurement Units)
20. Was the material sl	nipped as a hazardous	s waste? Yes	No If ye	s, provide the EPA Manif	est Number:
21. Is this a Toxic by Inhalation (TIH) material?					
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecl		er er en			Yes 🛛 No
Form DOT F 5800.1 (01	-2004)		Page 1	Repro	duction of this form is permitted

PART III - PACKAGING I	NFORMATION					
24. Check Packaging Type (check	only one - if more than or	ne, list type of packaging, copy Part III, and comp	olete for each type:			
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor Vehicle (CTMV)	▼ Tank Car			
☐ Cylinder	RAM	Portable Tank	Other N/A			
that corresponds to the partic	ular packaging type check	s found at the end of the instructions. Be sure to ted above. Enter the number of codes as approp are more than two failure points, provide in this	riate to describe the incident.			
1. What Failed: 149	How Fail	ed: 309 Causes of Failu	re: <u>509</u>			
2. What Failed:	How Fail	ed: Causes of Failu	re:			
26a. Provide the packaging ident	ification markings, if availa	able.				
Identification Markings: 117	J100W					
(Examples: 1A1/Y1.4/150/92/USA	VRB/93/RL, UN31H1/Y0493/US	A/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 4	06 (HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-sp complete the following:	pecification packaging, if ic	dentification markings are incomplete or unavail	able, see instructions and			
Single Package or Outer Pac	ckaging:	Single Package or Inner Pac	kaging (if any):			
Packaging Type: N/A		Packaging Type: N/A				
Material of Construction: N/	A	Material of Construction: N//	1			
Head Type (Drums only):	Removable	☐ Non - Removable				
27. Describe the package capacit	y and the quantity:					
Single Package or Outer Pac	ckaging:	Single Package or Inner Pac	kaging (if any):			
Package Capacity: 30360 Liquid Gallon		Package Capacity: 0	Package Capacity: 0			
Amount in Package: 28932 Liquid Gallon		Amount in Package: 0	Amount in Package: 0			
Number in Shipment: 1		Number in Shipment: 0	Number in Shipment: 0			
Number Failed: 1						
28. Provide packaging construction	on and test information, as	s appropriate:				
Manufacturer: N/A		Manufacture Date: 10/01/20	Manufacture Date: 10/01/20			
Serial Number: TILX 731762	2	Last Test Date:	Last Test Date:			
Material of Construction: Ste	eel	(if Tank Car, CTMV, Portable Tank, or Cylinde	(if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Shell Thickness:		(if Tank Car, CTMV, Portable Tank)	(if Tank Car, CTMV, Portable Tank)			
Head Thickness:		(if Tank Car, CTMV)	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)				
If valve or device failed:						
Type: N/A	The state of the s		NKNOWN			
29. If the packaging is for Radioa			oresent and legible)			
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Excepte	d Industrial			
Packaging Certification:	☐ Self Certified	☐ U.S. Certification Certification Nur	nber N/A			
Nuclide(s) Present: N/A		Transport Index: N/A	Transport Index: N/A			
Activity: N/A		Critical Safety Index: N/A				
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PART IV - CONSEQUENCES					
30. Result of Incident (check all that apply):	<u>===</u>	Explosion		al Entered Waterway/Storm Sewer	
	Vapor (Gas) Dispersion	Environmenta	l Damage	☐ No Release	
31. Emergency Response : The following entities	es responded to the incident:	(Check all th	nat apply)		
Fire/EMS Report #	Police Report #	400 - NA	_ In-h	ouse cleanup Other Cleanup	
32. Damages: Was the total damage cos	st more than \$500?	X Yes	□ No		
If yes, enter the following information:	o, go to question 33.				
	Property Damage:	981-225 5174-385	nse Cost:	Remediation/Cleanup Cost:	
\$ 0 \$ 0 (See damage definitions in the instructions)	<u> </u>	\$ 1000	0	\$ <u>0</u>	
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No		
If yes, enter the number of fatalities resulting	from the hazardous material:				
Fatalities: Emplo	yees Res	ponders		General Public	
33b. Were there human fatalities that did not resu	alt from the hazardous materi	al? Yes	⊠ No	If yes, how many?	
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes	⊠ No		
If yes, enter the number of injuries resulting for	rom the hazardous material:				
Hospitalized (Admitted Only): Employ	yees Res	ponders		General Public	
Non-Hospitalized: Emplo	yees Res	ponders		General Public	
(e.g.: On site first aid or Emergency Room observation	on and release)				
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes	⊠ No		
If yes, provide the following information:					
Total number of general public evacuated	Total number of er	nployees evac	uated	Total Evacuated	
Duration of the evacuation (hour	s)				
36. Was a major transportation artery or facility of	losed?	X Yes	□ No	If yes, how many? 4 (hours)	
37. Was the material involved in a crash or derails	ment?	X Yes	□ No		
If yes, provide the following information:	Estimated speed (mph): 49	Weat	her conditi	ons: Clear	
	Vehicle overturn?	☐ Yes	⊠ No		
	Vehicle left roadway/track?	X Yes	□ No		
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)					
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No		
If yes, was it tendered as cargo, or as passeng	jer baggage?				
☐ Cargo	☐ Passenger baggage				
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?					
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area	
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft	
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)					
☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights) ☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility					
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Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted	

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars relea caught fire. Tank car had severe fire damage, B end head shield and to	
punctured.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if I No additional comments.	
PART VIII- CONTACT INFORMATION	
	Telephone Number 1
Contact's Name (Type or Print): Paul Hester Contact's Title: Mgr Haz Mat	Telephone Number: (Fax Number: (
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>02/03/22</u>
Preparer is:	☐ Other
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